



## ALLERGY AND MEDICAL CONDITIONS FORM

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Telephone #: \_\_\_\_\_

Emergency Contact Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_

Allergies (if any):

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Symptoms:

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Recommended response to Reaction:

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Medication (if any):

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Medical conditions (if any):

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Additional Instructions or Information:

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I declare that all medical conditions, genetic conditions or other factors which may affect the applicants' ability to participate in this program will be detailed on the above medical form.

I accept that the PointGreat International (Canada) may secure such medical advice and services as it, in its sole discretion, may deem necessary for my (my child's) health and safety and I agree to accept financial responsibility in excess of the benefits allowed by Provincial Insurance plans.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Medical information will be used to manage any health concerns that may be arise while the participant is under the care of the program administrators. Alternative contact and medical information will be used in a medical emergency.

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