



Student Name: _____

Parent Name: _____

Date of Birth: _____

Male Female

The student's health condition: Excellent Good Fair Poor

Does the student have an allergies or require special medical treatment? If 'yes" please explain:

Please list any physical disorders which may interfere with your child's participation in our program:

Is the student under any medication that has to be administered by the instructors?

Has the student suffered mental disorders requiring psychiatric treatment? Yes No. if yes, please explain:

In case of an emergency, please indicated preferred medical facility:

- Doctor's Hospital (Downtown)
 Princess Margaret Hospital
 Family Medical Center (Blake Road)

Primary Doctor's name: _____ Phone number: _____

Insurance Co and policy no : _____ Phone no : _____

Parent/Legal Guardian's
signature

Date Signed