



CPF-BC & Yukon's Rencontre Française
Simon Fraser University 2006 May 12-14

Rencontre Française is a smoke, drug, alcohol and bullying free environment!
Any student caught smoking, drinking alcohol, using drugs or bullying will be sent home immediately!

MEDICAL FORM—Confidential (Page 1 of 2)

Student's first name _____ Last name _____

Student's Email _____

Address _____

City _____ Postal code _____

Telephone _____ FAX _____

Date of Birth _____ Female Male Swimming Level _____
Year-Month-Day

In case of emergency, contact:

Parent or Guardian _____

Parent's Email _____

Address _____

City _____ Postal code _____

Telephone _____ Cell phone _____

If parent or guardian is unavailable in an emergency, please notify:

Name _____

Telephone _____ Cell phone _____

Relationship to student _____

Name of Student's Doctor _____

Doctor's Telephone _____ Student's Care Card # _____

MEDICAL FORM—Confidential (Page 2 of 2)



For security reasons, it is essential that you send us a full-face photo of your child. This photo will NOT be returned.

Waiver

Canadian Parents for French – BC & Yukon and their agents will not be responsible for any injury, loss, or accident occasioned by participants of Rencontre Française. Each family is responsible for its own medical and extended medical coverage. Please ensure that your insurance coverage is adequate for your child’s participation in Rencontre Française.

I hereby release CPF, its officers, employees, contracted staff and volunteers connected with Rencontre Française from all liability for damage resulting from the participation of my child or ward in CPF – BC & Yukon Rencontre Française. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby authorize the physician selected by the Coordinator to begin any treatment deemed necessary.

Signature of parent or guardian

Date

Student's first name _____ Last name _____

Any health/physical condition(s) of which we should be aware (allergies, including insects, food, etc.)
Please explain if the student is taking any medication, the dosage and the frequency

Does this medication require refrigeration? Yes No

Does the student have any known reactions to any medication _____

Is the student subject to any of the following (please ✓)

- | | | |
|-------------------|-----------------|--------------------|
| bed wetting _____ | cramps _____ | toothache _____ |
| bronchitis _____ | diabetes _____ | asthma _____ |
| convulsions _____ | fainting _____ | hay fever _____ |
| headaches _____ | skin rash _____ | sleepwalking _____ |

Has the student had any of the following (please ✓)

- | | | |
|----------------------|-----------------------|---------------------|
| Appendicitis _____ | heart disease _____ | chicken pox _____ |
| kidney disease _____ | hernia _____ | measles _____ |
| mumps _____ | rheumatic fever _____ | scarlet fever _____ |

Is there any condition(s) of which we should be aware? Please explain

Meal Preference/Requirements

Will the student require alternative meals at the conference i.e., vegetarian, kosher, etc.?

Yes No If yes, please specify: