North Shore Lions Youth Exchange

lionsyouthexchange.ca

Medical Form

Participant Contact

PLEASE PRINT

Name: _____ Sex: _____

Address: _____ City: _____

Postal Code: _____ Birthdate: _____ Home Phone: _____

MM/DD/YY

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Medical Information

Personal Health Number: _____ Date of last Tetanus Shot: _____

MM/DD/YY

Travel Insurance Provider: : _____

Insurance Policy Number: _____

Contact Number:_____

Allergies: _____

_____

Health Concerns: _____

_____

Continued on back? ☐

Parent / Guardian Signature: _____Date:_____