



Medical Statement & Release
TO BE COMPLETED BY ALL PARTICIPANTS

PART A: GENERAL INFORMATION

Name of

Registrant: _____
Last Name First Name Middle Name

Home Address _____

City Province Country Postal Code

Home Phone: _____ Work: _____

_____ Date of Birth (dd/mm/yy) _____ Provincial Health Card #

Passport ID # : _____

In Case of Emergency, Please Notify

Name: _____

Phone: _____ Relationship: _____

PART B: MEDICAL INFORMATION

Allergies:

Drugs: _____ Food: _____

Other: _____

Medications: _____
(including Birth Control)

Do you have any present or past conditions or injuries that may affect your ability to take part on the Sea-to-Sea Hike? _____

Do you have any of the following: Please circle YES (Y) or NO (N)

EPILEPSY	Y / N	HEART CONDITION	Y / N
ASTHMA	Y / N	DIABETES	Y / N
Do you wear glasses:	Y / N	Do you wear contacts:	Y / N

Other: _____

Any health information that the organizers should be aware of:

THIS IS MY MEDICAL CLEARANCE FORM SIGNED BY A PHYSICIAN THAT WILL ALLOW ME TO PARTICIPATE IN THE ONEFAMILY FUND SEA-TO-SEA HIKE 2008. I HEREBY AUTHORIZE THE ORGANIZERS OF THE HIKE TO RELEASE MY MEDICAL INFORMATION TO THE MEDICAL SUPERVISOR OF THE EVENT AND TO ANY THIRD PARTY GIVING TREATMENT TO ME, AT THE SOLE AND ABSOLUTE DISCRETION OF THE ORGANIZERS.

Signature of Participant

Date

Overseas participants are advised to take out travel insurance. Should medical treatment be required beyond the OneFamily Fund team, participants must personally cover the cost of treatment received. A receipt will then be issued and used to apply for reimbursement from the participant's own health insurance policy.

PART C: TO BE COMPLETED BY A PHYSICIAN

I hereby certify that the above information is correct to the best of my knowledge and the Hiker / Volunteer (name) _____ is medically capable to participate in the SEA-TO-SEA ONEFAMILY HIKE.

Any additional comments: _____

Physician's Name: _____

Physician's Address: _____

Office Phone: _____ Office Fax: _____

Physician's Signature

Date

Medical Stamp