



# Participant / Non-Participant Health Form

This form must be kept with you at all times during the games.

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City/town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Region<sup>1</sup>     Cape Breton     Central     Fundy     Highland     South Shore     Valley

Health Card Number \_\_\_\_\_ Expiry \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition(s) (e.g. Diabetes) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies     None     Yes, please specify \_\_\_\_\_  
I have allergy medication with me     Yes     No

List current medication (s) and dosage \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, consent to any necessary treatment and I give the above-named Nova Scotia 55+ Games Host Committee permission to transport me to the nearest medical facility. I understand that I will be solely responsible for any additional costs involved in transportation.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) signed \_\_\_\_\_

Please bring your Nova Scotia health card with you; Keep this form inside your name tag for the duration of the games