



**2019 NB 55+ GAMES
CARAQUET
PARTICIPANT/NON-PARTICIPANT HEALTH FORM**

(This information is for Games Medical ONLY IF NEEDED)

Name _____ Phone _____

Address _____ Age: _____

Health Insurance Provider _____

Phone # _____ Health Card # _____

Family Doctor _____ Phone # _____

Emergency Contact _____ Phone # _____

Medical Condition (eg, Diabetes) _____

Allergies Yes _____ No _____ If yes, please specify _____
**be sure to carry any allergy medications on you.*

List current medications & dosages _____

Signature (consent for treatment) _____

Date signed _____

Note: please bring Provincial/Territorial Health Card with you.
THIS HEALTH FORM MUST BE WORN INSIDE YOUR NAME TAG THE DURATION OF THE GAMES.