TEAM 1325 FLL MEMBER'S HEALTH INFORMATION FORM 2026-27

The collection and retention of the information on this form is authorized and governed by the Ontario Freedom of Information and Protection of Privacy Act.

The following information will be helpful to the Team in keeping your child/ward healthy and safe.

Student Name:	Date of Birth:
Address:	
Health Card Number:	

Parent/Guardian Name:			
Telephone Number:	Home:	Cell:	Business:

Emergency Contact if parent/guardian not available. Name and Relationship to Student:	Phone No:
Family Doctor's Name:	Phone No:

Are all of your vaccinations as recommended by the health authorities up to date?	Yes____	No____	If No please provide the date by which this will be done, or if you won't get them because you are a conscientious objector, kindly state that in the space provided	_____ _____ _____ _____ _____ _____	
Is the student allergic to any foods or medications?	Yes____	No____	If Yes please list all known allergens	_____	
Does the student carry a medical alert bracelet or necklace?	Yes____	No____	If Yes what is written on it?	_____	
Does the student carry an Epi-Pen?	Yes____	No____	Does your child/ward carry an inhaler?	Yes____	No____

Please list any medication or prescription drugs that the student will be taking during Team activities:	_____
Please list any foods the student should not eat for health, dietary or religious reasons:	_____
Please provide details of any other health factors that the mentors should be aware of, or that might limit the student's access to or participation in any Team activity:	_____ _____

Should it become necessary for my child/ward to require urgent medical care, I hereby give adult Coaches or Mentors of FRC Team 1325 permission to use their reasonable best judgement in obtaining the most suitable medical care for my child/ward. I also understand that should this occur, I will be notified as soon as is reasonably possible.

Print name of parent/guardian

Signature of