

Last/First Name:

Camp:

Camp Date:

**Huskie Athletics Sport Health Centre, University of Saskatchewan
Children's Activity Camps / Huskie Sport Camps / Huskie Hockey Camps
Disclosure of Medical Information**

Camp Participant

Name:		
Address:		
City:	Prov:	Postal Code:
Date of Birth:		

Camp Participant Parent/Guardian

Emergency Contact 1 (name):		Relationship:
Phone # 1:	Phone # 2:	
Emergency Contact 2 (name):		Relationship:
Phone #1:	Phone #2:	

Please answer the following about the Camp Participant.

Please check the box if the camp participant has:

- Allergies carries an Epinephrine Auto-Injector (Epipen)*
- Asthma carries an Inhaler* wears a Medical Alert Bracelet
- requires medication during camp hours* has an additional medical condition
- has a physical condition or incompletely healed injury that might limit participation in a physical activity camp

Please provide details related to the above including: the name and details of the allergy (including triggers/symptoms/severity/management), medical conditions and injuries.

**Additional consent forms may be required prior to participation*

Camp Participants are required to have a valid Provincial Health Card//Provincial Services Card **or** have medical coverage through a personal/travel insurance plan.

Please check the box to indicate the camp participant has one of the above insurance options

I hereby certify that I am parent/legal guardian of the camp participant and that the above information is correct.

Name (print): _____

Signature: _____

Date: _____

The Huskie Athletics Sport Health Centre (HASHC) collects personal health information under the authority of The Health Information Protection Act to be used only for the purposes which are necessary for the provision of health care services to participants in the Children's Activity Camps, Huskie Sports Camps and Huskie Hockey Camps. HASHC adheres to the Health Information Governance Policies and Procedures which can be requested from or viewed at the HASHC.



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