



**2018 CANADA 55+ GAMES – SAINT JOHN, NEW  
BRUNSWICK**

**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 \_\_\_\_\_

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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.**