

SASKATCHEWAN SENIOR FITNESS ASSOCIATION INC.

55 + GAMES

COMPETITOR/NON-COMPETITOR HEALTH FORM

This information must be worn inside your name tag for the duration of the 55+ Games

Name: _____

Birthdate: (mm/dd/yyyy) _____ Age: _____

Mailing Address: _____

Sask. Health Card # _____

Family Doctor: _____ Phone#: _____

Emergency Contact: _____ Phone#: _____

Medical Conditions (which could be of concern) eg. Diabetes: _____

Allergies: Yes _____ No _____ If yes, please specify: _____

Note: Be sure to carry any allergy medication on you.

List of current medications & dosages: _____

I, the undersigned, consent to any necessary treatment and I give the SSFA District Committee or the SSFA Provincial 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
(Consent for Treatment/Transportation)

Name (Please Print)

Date Signed



