

This Information must be worn inside your name tag for the duration of the 55+ games

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Sask. Health Card # \_\_\_\_\_ Birthdate: mm/dd/yyyy: \_\_\_\_\_ Age: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions (which could be of concern) e.g. Diabetes: \_\_\_\_\_

Allergies: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

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

List of current medications and 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
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