

Cape Mudge Band #.....

Affiliation to Cape Mudge Band:.....

Is your Child(ren) on any Medication we need to be aware of ?

If so Please Explain:

Does your child have any medical conditions that would limit physical activity that we need to be aware of???

Any allergies?? If YES Please Explain:

Child's Family Doctor: Telephone #.....

Care Card #.....

I WILL NOT HOLD CAPE MUDGE BAND COUNCIL OR ANY OF ITS EMPLOYEES RESPONSIBLE IN THE EVENT OF INJURY TO MY CHILD/REN OR TO THEIR PERSONAL PROPERTY.

-----

-----

Parent/Guardian Signature

Date

**CAPE MUDGE & QUINSAM YOUTH GROUP  
MEDICAL HISTORY FORM**

**Name of Child(ren) & Birth Date(s)**

- 1.
- 2.
- 3.

**Name of Primary Parent/Caregiver:**

**Contact Information:**

**Name of Secondary Parent/Caregiver:**

**Contact Information:**

**Emergency Contact:**

- 1.
- 2.
- 3.

**If necessary, PLEASE provide legal documents for custody rights.**