



PHYSICAL FITNESS FORM

NON-MEMBERS

Name _____ Given Name _____ Surname _____

Date of Birth _____ Age _____ Gender _____

Address _____ City _____

Province _____ Postal Code _____ Telephone Number _____

Scout Group Name _____ Emergency Contact Name _____ Telephone Number _____

Emergency Medical Information

Does the participant have any allergies? Yes No

Allergy Details

Please advise of any medical condition, disease, operations, disorders or problems the participant has had or currently has below—that would affect their participation or should be noted in an emergency.

Please list any medication that the participant is currently taking:

Does the participant have any special requirements (medical aides, religious requirements, diet etc.)?

Date of current tetanus shot _____ Swimmer Non swimmer

I give consent for my / child's medical information to be shared with emergency personnel if an emergency should arise.

Name _____ Signature _____ Date _____