

Last/First Name:

Camp:

Camp Date:

**University of Saskatchewan
Huskie Sport Camps & Huskie Hockey Camps
Huskie Health Disclosure of Medical Information**

Camp Participant

Name:		
Address:		
City:	Prov:	Postal Code:
Date of Birth:		

Camp Participant Parent/Guardian

Emergency Contact 1 (name):		Relationship:
Phone # 1:	Phone # 2:	
Emergency Contact 2 (name):		Relationship:
Phone #1:	Phone #2:	

Please answer the following about the Camp Participant.

Please check the box if the camp participant has:

- Allergies carries an Epinephrine Auto-Injector (Epipen)*
- Asthma carries an Inhaler* wears a Medical Alert Bracelet
- requires medication during camp hours* has an additional medical condition
- has a physical condition or incompletely healed injury that might limit participation in a physical activity camp

Please provide details related to the above including: the name and details of the allergy (including triggers/symptoms/severity/management), medical conditions and injuries.

**Additional consent forms may be required prior to participation*

Camp Participants are required to have a valid Provincial Health Card//Provincial Services Card **or** have medical coverage through a personal/travel insurance plan.

Please check the box to indicate the camp participant has one of the above insurance options

I hereby certify that I am parent/legal guardian of the camp participant and that the above information is correct.

Name (print): _____

Signature: _____

Date: _____

Huskie Health collects personal health information (PHI) about a Huskie Camp participants in order to ensure participant safety. The collection, use and disclosure of PHI by Huskie Health is governed by the Huskie Health Health Information Governance Policy and Procedures Manual. For further information regarding policy procedures please contact Huskie Health.



HUSKIE HEALTH

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