

Last/First Name:

Program:

Program Date:

**University of Saskatchewan  
Huskie Athletics  
Huskie Health Disclosure of Medical Information**

Participant

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

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 Participant.

Please check the box if the participant has:

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

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

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

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 participant has one of the above insurance options     

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

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Huskie Health collects personal health information (PHI) about a Huskie program participant 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.*



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