



# Special Olympics BC Volunteer Medical Form Program Year 2011/2012



Date Started in Special Olympics (DD-MMM-YYYY): \_\_\_\_\_

**PERSONAL INFORMATION** Please Print Legibly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sex (M or F): \_\_\_\_\_ Birth date (DD-MMM-YYYY): \_\_\_\_\_ Local **5B**

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Other Information: \_\_\_\_\_

**MEDICAL INFORMATION & HISTORY**

Medical Insurance Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**MEDICATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I acknowledge that all the information given on this form is correct, to the best of my knowledge, and that I will update this information as it changes.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date (DD-MMM-YYYY)