



BRAMPTON PARTICIPANT PROFILE – MEDICAL/ADDITIONAL INFORMATION

Flower City

To best serve the needs of our participants, we require that the following form be completed for all participants with medical ailments/disabilities or as a program requirement.

A: PARTICIPANT INFORMATION (birth date must be noted if under 18 years of age OR if participant wants to enroll in age specific programming)

LAST NAME		FIRST NAME		BIRTH DATE mm / dd / yy	SEX (M / F)
HOME PHONE #	ALT PHONE #	EMAIL			
EMERGENCY CONTACT LAST NAME	EMERGENCY CONTACT FIRST NAME	PHONE #	RELATIONSHIP		

B: MEDICAL/ADDITIONAL INFORMATION (please complete the following where applicable)

1. ALLERGIES:

Please note that for participants in this category a Medic-Alert or similar identification bracelet/necklace is recommended.

Please indicate if the participant has **non-life threatening** allergies:

_____ _____

Please indicate if the participant has **life threatening** allergies:

Peanuts Bee Stings Other: _____ Does the participant carry an Epi-Pen? Yes No

2. RESPIRATORY AILMENT: (please indicate if applicable)

Asthma Does the participant carry inhaler/ventilator? Yes No

3. BEHAVIOURAL CONDITION: (please indicate if applicable)

ADD ADHD Is extra support/assistance required for basic care? Yes No

Does the disability affect the safety of the participant? Yes No

Does the participant take any prescribed medications? Yes No

If using prescribed medication, please list: _____

4. IMPAIRMENT: (please indicate if applicable and describe condition and whether assistance is required for basic care)

Visual _____

Hearing _____

Physical _____

Developmental Delay: Down's Syndrome Autism Other: _____

Basic care assistance: _____

Does the participant require support with basic needs?

Dressing Toileting Feeding Other: _____

If other, please explain: _____

5. CONDITIONS: (please indicate if applicable)

Cardiac Seizure Disorder Diabetes Other: _____

If other, please explain: _____

If using prescribed medication, please list: _____

The purpose of this form is to provide the participant with appropriate care. This profile will be kept in confidence with essential Administrative Staff when the participant is in our care for more than two (2) consecutive hours. If special circumstances apply, parents/guardians are required to speak directly with the onsite program staff.

Parent/Guardian's Signature

Date

The personal information on this form is collected under authority of the Municipal Act SO 2001, c. 25. The information will be used to communicate with you regarding program administration and incidents requiring medical assistance. Questions about the collection of personal information should be directed to the Recreation Supervisor, Administrative Services; Community Services; Recreation; 2 Wellington St W; Brampton, ON; L6Y 4R2; 905.874.2705. Please review the City's [Privacy Statement](#) for more information. Date revised: 01/05/17

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