west toronto KEYS to INclusion
westtorontokeys.com

MEDICAL INFORMATION SHEET

Participant Information **Today's date:**

Name:		
Date of Birth:		
Health Card Number:		
Height:	Eye Colour:	Hair Colour:
Address:		
Phone Number:		

Parent/Guardian Name:	
Phone Number:	
Emergency Contact Name:	
Phone Number:	Relationship to Participant:

Medical/Disability Information

Physician Name:	Phone Number:
Medical/Disability Condition(s) and any specific health related instructions:	
Allergies:	
Medication(s): specify dosage	Taken at What Time of Day?

Canadian Charitable Registration # 80687 5894 RR 0001

west toronto KEYS to INclusion
westtorontokeys.com

MEDICAL INFORMATION SHEET

Is any medication to be taken at KEYS? NO [ ]. YES. [.] please complete:

What medication is to be taken while at KEYS? _____

When is this medication to be taken? _____

This medication will be given to _____while at KEYS by: (x one box)

1. The Participant _____ [ ]
2. The Participant's PSW (name) _____ [ ]
3. Other (please describe) _____

Medication Administration and Waiver

Please fill in if your adult is to take medication during program hours:

Name of Medication:

Time of Day to Administer:

Where is the Participant carrying the medication:

Instruction if Participant did not bring the medication:

If any adverse reaction is observed KEYS will immediately call 911

I hereby release West Toronto KEYS to INclusion and its respective officers, directors, consultants, employees and volunteers from any and all liability in connection with your adult _____ taking medications while at KEYS.

Signature of Parent/Caregiver: _____

Name: _____

Date: _____