

Personal Information

Given Name (s):				Surname:			
Maiden Name:				Gender:		Date of Birth: Year Month Day	
Phone: (Home)				Phone: (Mobile)			
Manitoba Education & Training Number (MET):							
Media Release:	Yes	No	Optional Media Release:	Yes	No	Referral Source:	
Email Address:							
Address:				City / Province / Postal Code:			
Photo Identification Number: (<input type="checkbox"/> Driver's License, <input type="checkbox"/> Passport, <input type="checkbox"/> Permanent Resident Card, <input type="checkbox"/> Other)						Expiry Date: Year Month Day	
Country of Origin:			First Language:			Arrival Date: Year Month Day	
Canadian Citizen:		Permanent Resident:		Refugee:		Student / Visitor / Work Visa:	

Emergency Contact Information

Contact person (s) in case of emergency. If possible, please include at least one contact person that resides outside your residence.

Name	Relationship	Phone

Personal Medical Information

Do you have any severe allergies or other medical conditions that we should be aware of?			Yes	No
Are you taking any medications that we should be aware of?			Yes	No
If yes to either question above, please list and explain (i.e.; seizures, diabetes, physical disability, phobias, mental health problems, medications, etc.)				
MB Health Registration No.: (Family Medical - 6 digits)		Personal Health Identification No.: PHIN (Personal Medical - 9 digits)		
Other Health Insurance Provider Name: (if applicable)			Policy No.:	

Parent / Guardian / Caregiver Information *(if applicable)*

Name	Relationship to Child	Phone

Authorized Pick-Up Person *(if applicable) (as transferred from Authorization to Pick Up a Child form)*

Name	Relationship to Child	Phone Number

Acknowledgement & Declaration

All reasonable precautions for my personal safety and health will be taken. I will be properly observed and supervised in activities. In the event of accident or sickness, Brandon Literacy Council Inc., its employees and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for myself and understand that reasonable attempts will be made to notify my emergency contact (s), should such a situation occur.

I understand that in in any health-related emergency-issue effecting my person and requiring medical care that any personal medical costs incurred are my responsibility.

I confirm that I possess valid provincial health insurance and / or equivalent medical coverage. If the activities of Brandon Literacy Council Inc. require my travel outside of the province of Manitoba, please give my insurance provider and policy number.

.....
Name (print)

.....
Signature

.....
Date

If you are under the age of 18, then your parent / guardian / caregiver will be required to sign this form.

.....
Parent / Guardian / Caregiver Name (print)

.....
Signature

.....
Date

.....
Witness (print)

.....
Signature

.....
Date

Entered by: _____ Date: _____ Checked by: _____ Date: _____