

NERO® New Brunswick Medical & Emergency Information Form

NERO New Brunswick activities, like any active sport can involve a certain risk of injury. In the unlikely event that a participant is injured, NERO New Brunswick would like to take the appropriate actions. Please fill out this form completely and legibly. The information included on this form is required for admission into the Chalmers Hospital. The information included will be held in strict confidence.

In the Activity Waiver & Legal Release form I have certified that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. In the unlikely event of a serious emergency, I grant permission for officers of NERO New Brunswick to convey either via ambulance or personal vehicle me/my child to the nearest available hospital.

Participant Name (please print): _____

Address: _____ Phone: (____) _____

City / Province (State) / Postal Code (Zip): _____

DOB: ____ / ____ / ____

Parent or Legal Guardian (if under 18) (please print): _____

Parent / Guardian Phone: (____) _____

Does the participant have any CURRENT medical conditions that NERO New Brunswick needs to know about to ensure the participant's safety in the event medical treatment is needed? If yes, please list. Include allergies (including bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, or any other problems. (If you have life-vital medicine you may need during an event, it is recommended that you leave a dose with the EMT staff.)

No ____ Yes ____ (please explain)

Please list any medicines taken on a daily basis while at NERO:

Please list any major PAST medical events (surgeries, hospitalizations, etc.):

This health history is correct as far as I know, and the person herein has permission to engage in all prescribed activities. In the event I, or the person listed below, cannot be reached in an emergency, I hereby give permission to have 1) NERO New Brunswick Emergency Responders and/or staff members render first aid, and 2) any physician hospitalize, secure proper anesthesia, or order injection for (participant's name):

Signature of Participant (if 18 or older) or Signature of Parent/Legal Guardian (if participant is under 18):

_____ (print name)

In Case of Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Medical Insurance Information for Participant (Plan or Policy Number): _____

Family Doctor: _____ Phone: (____) _____