



Saskatchewan Brain Injury Association

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Camp Health Form Arlington Beach Camp and Conference Centre

The information on this form may be used by SBIA representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.

Completion of this form is required for SBIA camp.

Last Name First Name

Street Address

City Province Postal Code

Phone (Home) Phone (Business) Phone (cell)

In an Emergency Please Notify:

Name Relationship

Phone (Home) Phone (Business) Phone (cell)

Do you have any special instructions for the nurse or staff regarding your health care and /or diet?

YES NO If yes, please explain: _____

Can you walk up & down steep stairs?

YES NO If no, please explain: _____

If you have allergies to insect bites, foods, etc. please complete the below. Please note that is your responsibility to ensure your safety with regards to your allergy. We will however advise catering staff of your food allergy.

Allergy _____	Life Threatening:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Allergy _____	Life Threatening:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____		<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		<input type="checkbox"/> YES	<input type="checkbox"/> NO

WAIVER: I hereby authorize a SBIA Representative to secure such medical advice and services as may be deemed necessary for my health and safety. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan.

Signature of Participant or representative: _____ Date: _____

Please complete Health Form and return with your Camp Registration Form!

Your personal information will be used only for the SBIA Camp and will be destroyed following camp.