

CSHC SAFE GRAD 2024

THE RBC CONVENTION CENTRE – THURSDAY JUNE 27TH, 2024

MEDICAL INFORMATION

CONFIDENTIAL

FOR THE GRADUATE

NAME: _____ DATE OF BIRTH: (DD/MM/YY) _____

PARENT/GUARDIAN PHONE NUMBER: _____ **THIS PHONE NUMBER MUST BE A NUMBER YOU CAN BE REACHED AT THROUGHOUT THE SAFE GRAD EVENT**

MANITOBA MEDICAL NUMBER (6 DIGIT): _____ PHIN (9 DIGITS): _____

ALLEGIES: _____

PERTINENT MEDICAL INFORMATION: _____

ANY MEDICATIONS BEING TAKEN: _____

WILL THE GRADUATE HAVE THE MEDICATION WITH HIM/HER: _____

GRADUATE'S SIGNATURE _____ **DATE:** _____

PARENT OR GUARDIAN SIGNATURE _____ **DATE:** _____

FOR GUEST:

NAME: _____ DATE OF BIRTH: (DD/MM/YY) _____

PARENT/GUARDIAN PHONE NUMBER: _____ **THIS PHONE NUMBER MUST BE A NUMBER YOU CAN BE REACHED AT THROUGHOUT THE SAFE GRAD EVENT**

MANITOBA MEDICAL NUMBER (6 DIGIT): _____ PHIN (9 DIGITS): _____

ALLEGIES: _____

PERTINENT MEDICAL INFORMATION: _____

ANY MEDICATIONS BEING TAKEN: _____

WILL THE GUEST HAVE THE MEDICATION WITH HIM/HER: _____

GUEST'S SIGNATURE _____ **DATE:** _____

PARENT OR GUARDIAN SIGNATURE _____ **DATE:** _____
