



## Albert Schweitzer's Leadership for Life 2016 Medical and Dietary Information Sheet

This information is extremely helpful to the attending physician in the event of an unforeseen emergency. Please complete the entire medical section, explaining in detail any relevant information. If you cannot answer any of the questions, please write "unknown". Parent/Guardian must sign and date the form at the bottom.

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctors Tel No: \_\_\_\_\_

Will the participant be taking any prescribed medication during the event? Yes  No

If yes, name the medication(s): \_\_\_\_\_

Are there any special requests (needs refrigeration, taken by needle, etc.): \_\_\_\_\_

Does the participant have any medical conditions/allergies of which we should be aware? Yes  No

Physical Disabilities/limitations? Yes \_\_\_\_ No \_\_\_\_ Reactions to medications? Yes \_\_\_\_ No \_\_\_\_

Vision Problems? Yes \_\_\_\_ No \_\_\_\_ Asthma? Yes \_\_\_\_ No \_\_\_\_

Hearing Problems? Yes \_\_\_\_ No \_\_\_\_ Other Medical concern? Yes \_\_\_\_ No \_\_\_\_

Please specify in as much detail as possible, details of any that have been marked "yes".

\_\_\_\_\_  
\_\_\_\_\_

Has the participant had a history of the following? (please mark with a  $\checkmark$ )

Allergy \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Frequent Headache \_\_\_\_\_

Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Hypoglycaemia \_\_\_\_\_

Frequent Nausea \_\_\_\_\_ Other Neurological Disorders \_\_\_\_\_ Seizure Disorder \_\_\_\_\_

Other \_\_\_\_\_

**Please provide detailed remarks for any of the above questions to which you answered "yes". Be sure to include all relevant details. Please write these details on the back of this form prior to attending ASLFL Conference.**

Please list any dietary restrictions participant has, please specify: \_\_\_\_\_

\_\_\_\_\_

Please list any food allergies participant has (e.g. peanuts, seafood, chocolate, wheat etc.) \_\_\_\_\_

\_\_\_\_\_

While attending the ASLFL conference and associated activities, if the participant is in need of emergency hospital treatment, we will make every effort to contact the parent/guardian. However, the parent/guardian's signature below grants the necessary permission for such treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

**Additional Information Sheet:**

*Please supply as much detailed information as possible about any medical/allergy conditions that the Participant has.*

*In addition, please include all diet requests so the conference coordinators can accommodate dietary requests as best as possible.*

*Please state if your son or daughter has been diagnosed with a learning disability. If so, please give provide us with information for programme purposes.*

*Please state whether your son or daughter suffers from a medical condition we need to be aware of as his/her safety is extremely important.*

**\* Health Insurance Information: ASLFL also requires all international students to provide a copy of their health insurance to go along with the application form.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_