

VANCOUVER NATIVE HOUSING SOCIETY

BRIDGING THE GENERATIONS
'Bringing our youth and Elders together'

ELDER'S WAIVER & INFORMATION FORM

NAME: _____ BIRTH DATE (D/M/Y) _____ AGE _____

ADDRESS _____

PHONE #: HOME: _____ OTHER: _____

EMERGENCY CONTACT: NAME: _____ PHONE # _____

EMERGENCY CONTACT: NAME: _____ PHONE # _____

BASIC MEDICAL INFORMATION

MEDICAL # : _____ DOCTOR: _____ PH#: _____

Have you been under a Doctors care, or admitted to hospital in the last 12 months?

YES ___ NO ___

If yes, please specify: _____

Does you have any known allergies? YES ___ NO ___

If yes, common reaction _____

Do you have a chronic disability or illness? YES ___ NO ___

If yes, please specify _____

Do have any other conditions of which you feel we should know? YES ___ NO ___

If yes, please specify _____

Do you take any medications? YES ___ NO ___

If yes, please describe (Be specific) _____

INDEMNITY AND RELEASE OF LIABILITY

I HEREBY REMISE, RELEASE, AND FOREVER DISCHARGE, Vancouver Native Housing Society, its employees or agents of and from all manner of actions, causes of actions, claims and demands of whatsoever nature I may have in respect of any injury, loss or expense I may sustain arising out of or in any way connected with my participation in this program.

Signature of Participant

Date

