



### DUTY OF CARE AGREEMENT & CONFIDENTIAL MEDICAL INFORMATION

It is recommended that this form be kept on hand at all times in the event of an emergency. For the purposes of confidentiality, it should be kept in a secure area.

#### PERSONAL INFORMATION (SHOULD BE UPDATED YEARLY)

Name: Last _____	Given _____	Initial _____	KAO Membership #: _____
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Height: _____	Weight: _____	Gender: M / F _____	Date of Birth: <u>dd</u> / <u>mm</u> / <u>yyyy</u> .
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Address: \_\_\_\_\_

City: _____	Province: _____	Postal Code: _____
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Home: _____	Work: _____	Email: _____
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#### DUTY OF CARE OF MINORS (PARENT INDICATES ACCEPTANCE BY CHECKING EACH BOX)

- I understand that the building where classes are held may or may not be multi-purpose and I will assume ALL responsibility for the dropping off and picking up my child from class.
- The DUTY OF CARE of the instructors and assistants is for the duration of the class time only. I will arrange supervision of my child at ALL other times.
- The instructors and assistants will not provide ANY non-emergency assistance to students when they use the washrooms. If my child is not capable of using the washroom alone, I will arrange for an ADULT to be responsible.
- Students' siblings under the age of 14 are not allowed to remain unsupervised in the building where classes are held.

I have read this form and agree to the DUTY OF CARE.

Student's Name _____	Parent/Guardian Signature _____	Date <u>    </u> / <u>    </u> / <u>    </u>
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Instructors: Please Tear Away And Submit This Form To Medical Personnel In The Event Of An Emergency

#### Medical Information NOTE: This portion of the form is strictly confidential.

Family Doctor: _____	Phone Number: _____
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Student's Home Address: \_\_\_\_\_

Name of Emergency Contact: _____	Daytime: _____	Evening: _____
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Medications & Allergies: _____ _____ _____	Previous Injuries: _____ _____ _____	Other Conditions (glasses, braces) _____ _____ _____
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