



Albert Schweitzer's Leadership for Life 2024 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: _____