



SOUTHWEST ONTARIO ABORIGINAL HEALTH ACCESS CENTRE

H.A.P.P.Y. APPLICATION FORM

The Healthy Active Physical Program for Youth (HAPPY) is a program geared to help prevention of Diabetes amongst our Youth and is geared to ages 8 – 25. If you'd like to register your young person, please fill out the registration form and leave it with a SOAHAC staff member.

Thank you for completing this form. Please print clearly.
*All information gathered will be kept confidential and will be used only by Southwest Ontario Aboriginal Health Access Centre.

GENERAL INFORMATION

Last Name: _____ **First Name:** _____

Initial: _____ **Address:** _____ **Apt./Unit#:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Telephone: _____ **Cell phone number:** _____

Email Address: _____

Status/Metis/Non-Status _____ **First Nation:** _____
Please circle

Health card number: _____ **Age:** _____ **Date of Birth:** _____

Emergency contact name: _____ **Phone#** _____

Allergies/Medical Conditions:

If yes do you require an Epi-Pen? _____

Medication: _____

Any other information: _____

Do you/your child have transportation to and from the after school program? Yes No

If you should require some assistance please contact the HAPPY Program at *S.O.A.H.A.C.* 519-672-4079 or 519-476-8829.

THE FOLLOWING SECTION APPLIES TO YOUTH UNDER THE AGE OF 18

I, _____ give permission for _____ to
Parent/Guardian Participant

leave the after school program on their own.

List of contacts who *ARE* allowed to sign your child in/out of the program.

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

List of contacts that are *NOT* allowed to pick up your child.

Name: _____

Name: _____

Name: _____

Parent/Guardian signature: _____