

ROAD SCHOLAR PARTICIPANT INFORMATION FORM

PLEASE RETURN THIS FORM IMMEDIATELY

Last Name: _____ First Name: _____ Program Week: _____

Email Address: _____

1. My Name Tag should read: (Name) _____ (From) _____

2. Can we reach you at home during the month prior to your week? Yes _____ No _____

If not, where can we reach you?

3. I prefer to share a room with: _____

4. Will you be going to or coming from another Road Scholar the week before or after this week?

Yes _____

No _____

Date: _____

5. How do you plan to arrive in the Crowsnest Pass? Car _____ Bus _____

6. Previous Road Scholars: (how many, what states/provinces, most unique experiences etc.)

7. Background: (place of birth, other residences, how long in present location, number of children, grandchildren, any other information you would like to share.)

8. Careers: Past and Present

9. Is there anything else you would like to tell us about yourself? Hobbies, special interests, special awards or recognition, etc.

To help out our first aid staff please inform us of :

1. Frequency and dosage of any medications.

2. What was the date of you last Tetanus inoculation or booster:

3. If you have any known allergies or have you had a severe allergic reaction? If yes please describe what caused it, what happened, medications you take or carry for the condition and its expiry date:

If you are bringing medication with you please:

- List detailed dosage and frequency instructions on the outside of each container. Include the name of the drug
- Pack it in a waterproof and sun proof container.
- Bring twice as much as you require in two separate containers. Give one container to our med staff in case you lose your own
- Ensure that it has not expired