



**Scenario #5 (CADS L1)**  
**CADS Student Information and Medical Form**  
**CONFIDENTIAL**

Date: \_\_\_ Today \_\_\_\_\_

NEW Student \_\_\_x\_\_\_      RETURNING Student \_\_\_

**Section 1- PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ Archer \_\_\_\_\_      First Name: \_\_\_\_\_ Kim \_\_\_\_\_      Age: \_\_\_14  
Date of Birth: \_\_\_\_\_ 14 \_\_\_\_\_ (yy / mo / day).      Provincial Health Card Number: \_\_\_\_\_  
Gender: Male \_\_\_x\_\_\_      Female \_\_\_  
Height: 70 inches      Weight: 135 lbs

**Section 2- EMERGENCY CONTACT INFORMATION**

Primary Address: Street/ \_\_\_\_\_  
City/ \_\_\_\_\_ Postal Code/ \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Parent/ Guardian Names (if applicable): \_\_\_\_\_ Jill \_\_\_\_\_  
Parental consent (if child) for retrieving from Resort if not Parent or Guardian \_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_  
Relationship to Skier: \_\_\_\_\_ mom \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section 3- SKI/ SNOWBOARD EXPERIENCE**

Skied or Snowboard before? \_\_\_y\_\_\_ (Y/N). If Yes, complete Section 3, if No, go the section 4.

Level of skiing/ boarding ability:  
Never skied/ boarded \_\_\_ Beginner \_\_\_x\_\_\_ Intermediate \_\_\_ Advanced \_\_\_  
Number of days \_\_\_3\_\_\_ or seasons \_\_\_ of snow sport activity.  
Tethered \_\_\_ 3 Track \_\_\_ 4 Track \_\_\_ Sitski : (Quadski: \_\_\_ BiSki: \_\_\_ MonoSki: \_\_\_ other sitski  
equipment: \_\_\_\_\_) Tandem: \_\_\_\_\_ Snowboard \_\_\_x\_\_\_ Stand-up skier \_\_\_x\_\_\_  
Details of your experience: Kim was able to follow Jill down the hill

**Section 4- GENERAL INFORMATION:**

PHYSICAL information:

Allergies (specify applicable environmental/ food/ medical) Gluten \_\_\_\_\_  
Does participant use/ carry an epi-pen? \_\_n\_\_(Y/N)  
Amputee \_\_\_\_\_ specify type \_\_\_\_\_ location \_\_\_\_\_  
Arthritis \_\_\_\_\_  
Arthrogyrosis \_\_\_\_\_  
Asthma \_\_\_\_\_  
Atlanto- axial dislocation (please list last x-ray date) \_\_\_\_\_  
Bladder/ Bowel issues or adaptations \_\_N/A\_\_\_\_  
Brain Injury \_\_\_\_\_ (specify) \_\_\_\_\_  
Cerebral Palsy \_\_\_\_\_  
Congenital Heart Disease \_\_\_\_\_  
Cystic Fibrosis \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Feeding Tube \_\_\_\_\_  
Hearing Impaired \_\_\_\_\_ (specify degree) \_\_\_\_\_  
Heart Problems \_\_\_\_\_  
Multiple Sclerosis \_\_\_\_\_  
Muscular Dystrophy \_\_\_\_\_  
Parkinson's disease \_\_\_\_\_  
Post-Polio \_\_\_\_\_  
Respiratory Disease \_\_\_\_\_  
Scoliosis \_\_\_\_\_  
Seizure disorder : \_\_\_\_\_  
If Yes: Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Typical time of day \_\_\_\_\_  
Type \_\_\_\_\_ Date of last seizure \_\_\_\_\_  
Shunt \_\_\_\_\_  
Spina Bifida \_\_\_\_\_  
Spinal Cord Injury \_\_\_\_\_  
If yes: level \_\_\_\_\_ paraplegic \_\_\_\_\_ quadriplegic \_\_\_\_\_ Complete \_\_\_\_\_  
incomplete \_\_\_\_\_  
Stroke \_\_\_\_\_  
If Yes : degree \_\_\_\_\_ side affected \_\_\_\_\_  
Visual Impairment \_\_\_\_\_  
If Yes: degree \_\_\_\_\_ glasses \_\_\_\_\_ contacts worn \_\_\_\_\_  
Other (specify) \_\_\_\_\_