



MEDICAL INFORMATION FORM

I, _____ request North Vancouver City Fire Department to maintain the following information regarding a medical condition affecting me. I understand that the information will only be retained for a period of 1 year and if the medical condition is not corrected it is my responsibility to request the information be retained for a further 1 year at least 2 weeks prior to the expiry of the previous 1 year period. I understand that North Vancouver City Fire Department will not contact me before deleting and no longer retaining the information.

NAME:		PHONE:	
ADDRESS:			
ARE YOU HARD OF HEARING?	Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, DO YOU HAVE HEARING AIDS:	Yes <input type="checkbox"/> No <input type="checkbox"/>
DO YOU REQUIRE ASSISTANCE TO EVACUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DO YOU KEEP BOTTLED OXYGEN IN YOUR PREMISE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, WHERE IS IT KEPT:	
SPECIAL MEDICAL NOTES:			

I understand that this information will be confidential and will be provided only to emergency service personnel.

In return for the Corporation of the City of North Vancouver (the "Corporation") temporarily maintaining the above information (the "Information"), I agree with the Corporation to:

- a) Waive, relinquish and abandon any right or claim, including one arising out of negligence, which I now have or may at any time have against the Corporation, its councillors, officers, agents or employees (all collectively referred to as the "City") arising out of or in connection with, directly or indirectly, the City's maintenance and use of the Information; and
- b) Indemnify and save harmless the City against all claims, costs, legal costs, damages, expenses, and demands in respect of death, injury, loss or damage to person or property, whatsoever and by whomsoever arising out of or in connection with, directly or indirectly, the maintenance or use of the Information, despite any act or failure to act, including negligence, of the City.

SIGNATURE

DATE