

## Guardian Assessment Form

This form is to be completed for the overseeing guardian of an underaged applicant. By completing this form the guardian agrees to act as a “guarantor” to uphold all requirements requirements and policies, including ensuring all other members of the household adhered to training and policies. If more then one guardian will be participating in the program this form must be completed for each guardian.

Applicant Medical Form		
Guardian Name:	Birthday:	
Occupation	Since	
How many hours a week do you work?		
Have you been hospitalized in the last two years?	YES	NO
Do you or anyone in the household have a criminal record?	YES	NO
Do you or anyone in the household have a history of substance use or excessive alcohol use?	YES	NO
If you answered yes to any of the questions above, please provide more information.		
Do you have any medical (physical or mental health) conditions. If yes list below.	YES	NO
1. Condition:	Since:	
Treatment(s):		
2. Condition:	Since:	
Treatment(s):		
3. Condition:	Since:	
Treatment(s):		
4. Condition:	Since:	
Treatment(s):		
How long has your health/condition been stable (ie without change or instability)?		
Are you willing to have a medical practitioner complete the Medical form if required?	YES	NO
Guardian Signature: _____ . Date: _____		