Medical Information Form

The information provided on this form will be held in the strictest confidence and will only be used in the event of a medical emergency. The f The form will be returned at the end of the season, or if that is not possible it will be destroyed.

Name of participant: _____

Gender: _____ Date of Birth _____

Name of Personal Physician: _____

Address of Personal Physician: _____

Phone Number of Personal Physician: _____

Provincial Health card #: _____

In case of Emergency, contact: _____

Relationship of contact person: _____

Phone Number of contact person: _____

Has a physician ever denied or restricted your child's participation in physical activity for any medical reason? If so please describe.

Please list all prescription medications. Please include dosage if you know it.

Is your child susceptible to problems associated with excessive heat? If yes, please describe.

Please list all allergies:

If your child is allergic to bee/insect stings, may a bee sting kit be used in case of anaphylactic shock?

What was the date of your child's last tetanus shot?

I, the undersigned, do hereby authorize the coach/team manager to contact directly the persons named on this form, and do authorize these persons to contact the named physician(s) to render such treatment as may be deemed necessary in an emergency for the health of the child named below. In the event that physicians or other persons named on this form cannot be contacted, or if distance or circumstances makes it impractical for such persons to render direct medical assistance, the coach/team manager are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the child named below. This may include, but is not limited to taking the child to the hospital for treatment. In all such cases, the undersigned is financially responsible for all medical treatment and transportation made in order to receive medical treatment. This form will be kept confidential from all persons at all times, except the team manager/coach who will hold this form. I understand that this form will be shared with appropriate medical personnel in case of any medical situation which requires medical treatment.

_____

Child Name

_____ _____

Signature of Parent or Guardian Date of Signature