Medical information Form

E-mail:cpvchateauguay@gmail.com

Personal information

Athlete's surname:		Athlete's name:	
Adress (number and street):		City:	Postal code:
Birthday (dd/mm/yy):		Medicare #:	
1st parent's surname:	1st parent's name:	1st parent's phone: (home):	1st parent's phone: (cell/work):
2nd parent's surname:	2nd parent's name:	2nd parent's phone: (home):	2nd parent's phone: (cell/work):

Persons to contact in case of emergency

Name	Relationship	Phone

Medical information

Question	Yes	No	Question	Yes	No
Asthma?	☐	☐	Epileptic?	☐	☐
Cardiac problems?	☐	☐	Diabetic?	☐	☐
Operation that could affect participation?	☐	☐	Respiratory problems during exercise?	☐	☐
Wears glasses during sport? If so, are they unbreakable?	☐	☐	Episodes of fainting during exercise?	☐	☐
Wears contact lenses?	☐	☐	Hearing problems?	☐	☐
Wears a dental piece?	☐	☐	Wears a Medical Alert bracelet or collar?	☐	☐
Presently injured? If so, details:	☐	☐	Allergies? If so, details:	☐	☐
Past injury that could affect physical condition? If so, details:	☐	☐	Takes regular medication? If so, details:	☐	☐
Episodes of cerebral concussion?	☐	☐			
Date of last complete medical examination?			Date of last tetanus vaccine?		
Please indicate any other pertinent information:					

CONSENT

Any illness, medical condition, or injury-related issue should be assessed by your physician before participating in speed skating activities. The coach reserves the right to request a medical certificate from the participant's physician. I understand that it is my responsibility to notify the team management as soon as possible of any changes to the information provided above.

Parent/guardian signature #1:_____ Date : _____

In the event that it is impossible to reach a responsible person, the team management will take my child to a hospital or physician if deemed necessary. I hereby authorize the physician and nursing staff to examine my child and provide any necessary medical treatment. I also authorize the disclosure of relevant information to appropriate individuals (coach, paramedics, physician) when considered necessary.

Parent/guardian signature #2: _____ Date : _____