



## MEDICAL FORM

Name: \_\_\_\_\_ Birth Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Business Telephone #: Mother \_\_\_\_\_ Father \_\_\_\_\_

**Contact person in case of accident or emergency if parents are not available:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Dentist's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Please circle the appropriate response below pertaining to your child:**

- |   |          |
|---|----------|
| 1. Asthma   | Yes / No |
| 2. Wears glasses  | Yes / No |
| 3. Wears shatter-proof glasses  | Yes / No |
| 4. Allergies  | Yes / No |
| 5. Diabetic   | Yes / No |
| 6. Epileptic  | Yes / No |
| 7. Hearing problem  | Yes / No |
| 8. Medication being taken at home   | Yes / No |
| 9. Has had injuries requiring medical attention in the past year  | Yes / No |
| 10. Has had an illness lasting more than one week   | Yes / No |
| 11. Heart condition   | Yes / No |
| 12. Wears a medical alert bracelet or necklace  | Yes / No |
| 13. Receiving counseling from an outside source   | Yes / No |
| 14. Does your child have any health problem that would interfere with the expected level of participation | Yes / No |
| 15. Has been in the hospital except for a tonsillectomy in the past year                                  | Yes / No |

Please give details below if you answered 'Yes' to any of the above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand it is my responsibility to keep the team management advised on any changes in the above information as soon as possible and in the event no one can be contacted, team management staff will admit my child to the hospital if deemed necessary. I hereby authorize the physician and nursing staff of any 'emergency unit' to undertake examination, investigation, and necessary treatment of my child.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**All information above will be kept in strict confidence by team staff.**