North Shore Special Olympics British Columbia

2016-2017 Athlete Medical Form

Paid Cash____ Chq # ____

Initial _____

Athlete Name: _____

Address: _____

City: _____ **Postal Code:** _____

E Mail Address: _____

Phone: _____

Cell: _____

Birth Date: _____
YEAR / MONTH / DAY

Sex: ☐ M ☐ F

☐ 5 Pin Bowling
☐ 10 Pin Bowling
☐ Active Start
☐ Alpine Skiing
☐ Aquatics (Swimming)
☐ Athletics (Track & Field)
☐ Basketball
☐ Bocce
☐ Club Fit Session 1
☐ Club Fit Session 2
☐ Club Fit Session 3
☐ Cross-Country Skiing
☐ Floor Hockey
☐ FUNdamentals
☐ Golf
☐ Rhythmic Gymnastics
☐ Snowshoeing
☐ Soccer
☐ Softball
☐ Sport Start Basketball Session 1
☐ Sport Start Basketball Session 2
☐ Sport Start Soccer
☐ Sport Start Swimming Session 1
☐ Sport Start Swimming Session 2

Medical Information and History:

Doctor: _____ **Phone:** _____ **B.C. Care Card #:** _____

Down Syndrome: ☐ Yes ☐ No **If Yes Atlanto-Axial X-ray Date:** _____ ☐ Positive ☐ Negative

Seizures: ☐ Yes ☐ No **If Yes Type:** _____ **Frequency:** _____

Treatment: _____

Diabetic: ☐ Yes ☐ No **If yes treatment:** ☐ Diet ☐ Pill ☐ Injection **Schedule:** _____

Tetanus Shot: ☐ Yes (within ☐ 5 yrs ☐ 10 yrs) ☐ No **Asthma:** ☐ Yes ☐ No **Cerebral Palsy:** ☐ Yes ☐ No **Heart Condition:** ☐ Yes ☐ No

Other (please detail): _____

Allergies: ☐ Food _____

☐ Drugs _____ ☐ Other _____

Does the Athlete have or use any of the following:

☐ Glasses ☐ Hearing Aids ☐ Dentures ☐ Contact Lenses ☐ Other _____

Other Info: _____

Medication: **Self Administered:** ☐ Yes ☐ No **(must be updated prior to any trips…use opposite side if necessary)**

Name & Dosage _____ **Time** _____

Name & Dosage _____ **Time** _____

Name & Dosage _____ **Time** _____

OTHER IMPORTANT MEDICAL OR BEHAVIOURAL INFORMATION

_____

_____

_____

_____

_____

Emergency Contacts:

Contact 1: _____ **Contact 2:** _____

Home Phone: _____ **Cell:** _____ **Home Phone:** _____ **Cell:** _____

Relation: ☐ Parent ☐ Guardian ☐ Caregiver ☐ Other _____ **Relation:** ☐ Parent ☐ Guardian ☐ Caregiver ☐ Other _____

I acknowledge that all the information given on this form is correct to the best of my knowledge and that I will update this information if it changes.

_____ _____ _____

Signature of Athlete / Parent / Guardian (circle one) **Name of Person Completing this Form** **Date**

General Release; By signing below you acknowledge and give permission to Special Olympics BC – North Shore to use pictures and / or other electronic images of yourself for the purposes of promotional materials that the organization may utilize but not limited to printed material, web sites and videos/CDs

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Signature of Athlete / Parent / Guardian (circle one)

Special Olympics – North Shore values the privacy of its athletes and as such protects the confidentiality of your personal information