



K-W SERTOMA SPEED SKATING CLUB

2017-2018 SKATER MEDICAL INFORMATION FORM

(ONE FORM PER SKATER)

SKATER INFORMATION

Skater Name	Date Of Birth (dd/mm/yyyy)	Phone ()
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EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Relationship to Skater	Phone ()
Alternate Emergency Contact Name	Relationship to Skater	Phone ()
Family Doctor Name		Phone ()
Family Dentist Name		Phone ()

MEDICAL INFORMATION

Have you had or do you have any of the following? Check all that apply.

Concussion <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No	Dizziness episodes <input type="checkbox"/> Yes <input type="checkbox"/> No
Suspected concussion <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting during exercise <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent surgery <input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty breathing <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Sudden or unexpected death of a family member <input type="checkbox"/> Yes <input type="checkbox"/> No	

Specify other injuries or illness not listed.

Do you have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify:
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Are you taking any prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what medication, if any, should you (the Skater) have on hand during the sport activity? Who should administer?
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Do you wear a medic alert bracelet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify:
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Are all vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify what vaccinations are not up to date:
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Do you wear any of the following? Check all that apply.

Dental appliance/braces <input type="checkbox"/> Yes <input type="checkbox"/> No	Eyeglasses/contact lens <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
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CONSENT AND WAIVER

I understand it is my responsibility to keep the K-W Sertoma Speed Skating Club coaches advised of any change in the above information as soon as possible.

I hereby commit myself or my child to receiving medical attention from an individual qualified to attend to athletic injuries or a qualified medical practitioner of professional athletic training service, both at the scene of any accident or injury and at a proper medical treatment facility. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child or myself to the hospital or a physician if deemed necessary. I authorize release of information to appropriate individuals (e.g. coach, physician) as deemed necessary.

Signature of Skater 18 years of age or older (Parent where Skater is under 18 years of age)	Date
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