

Brampton Ontario Speed Skaters – Skater Medical Form

Name of Skater: _____

Height (cm) _____ Date of Birth: _____

#1 - Emergency Contact _____ Relationship: _____

Contact Phone Number: _____

#2 – Emergency Contact _____ Relationship: _____

Contact Phone Number: _____

Do you have any allergies, chronic illness, or medical conditions that would limit your ability to participate in Speed Skating?	Yes or No	If yes, please specify:
Any other health related issues that the coaches should know about?	Yes or No	If yes, please specify:
Do you wear a medical alert bracelet?	Yes or No	If yes, specify why:
Have you had a concussion?	Yes or No	If yes, when : Cleared to return to play on:

What medication, if any, should you have on hand **during the sport activity**? List below if any

Medication Name	Dose	By whom should it be administered

Due to the Privacy Act, we may no longer collect health card information from the membership. We recommend members have their health card numbers and contact information available at all practices and competitions. An adult should accompany minors to all practices and competitions.

Signature of parent or guardian is required for those registrants under 18 years of age.

I hereby commit my child, being a minor, receiving medical attention from an individual qualified to attend to athletic injuries, 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.

Signed: _____ Date: _____