



Bulkley Valley Wrestling Club (BVWC)

Contact and Medical Information Form

For the health, safety and comfort of the participants, please fill in the following form as accurately as possible. *The contact information is a requirement and the medical information is not compulsory.* (All information will be kept confidential).

Wrestler's Information:

Name _____ Age _____ Sex _____
Address _____
Phone _____ Email _____
School _____ Grade _____

Parent or Legal Guardian's Contact Information:

Name(s) _____
Address _____
Phone _____ Email _____

Emergency Contact (other than parent):

Name _____ Relationship _____
Phone _____ Email _____

DOCTOR & MEDICAL INFORMATION:

Doctor's Name _____ Phone _____
Care Card# _____
Birthdate (mm/dd/yy) ____ / ____ / ____

Medication (If wrestler uses medication, please list below):

Generic Name _____
Dosage _____
Time Given _____

Is the wrestler subject to Allergies?

Yes _____ No _____

Specific Allergies _____
Treatment Required _____



Is the wrestler Epileptic?

Yes _____ **No** _____

If yes, elaborate on the type, frequency, any factors likely to cause seizure, and the effectiveness of it:

Medication Required _____

Is the wrestler a Diabetic?

Yes _____ **No** _____

If yes, please indicate any special dietary info:

Has the wrestler received a tetanus immunization?

Yes _____ **No** _____

If yes, when? _____

So that we may understand and support your child to the best of our abilities, please list any other precautions, limitations, (physical or learning), that may affect your child's full participation in wrestling (i.e. joint problems, previous injuries, medical conditions, learning differences etc.): Any information that you can provide the coaching staff to help ensure your child's success would greatly be appreciated and will be kept confidential.

