SPECIAL OLYMPICS BC - 2016-2017 - MEDICAL RECORD

PERSONAL (PLEASE PRINT AND FILL IN ALL FIELDS)

First Name	Last Name:	E-Mail Address
Address:	City:	Postal Code:
Phone #:	Sex: Male ❑ Female ❑	Birth Date:
Care Card #:	Doctor's Name:	Doctor's Phone:

PLEASE CHECK OFF ALL SPORT(S) YOU WISH TO REGISTERED FOR

10-Pin Bowling ❑	Alpine Skiing ❑	Figure Skating ❑	Power Lifting ❑	Soccer ❑	Walking Club ❑
5-Pin Bowling ❑	Aquatics ❑	Fitness ❑	Rhythmic Gymnastics ❑	Soccer Youth (12-18) ❑	Weight Training ❑
Active Start ❑	Basketball ❑	Floor Hockey C ❑	Running Club ❑	Softball/T-Ball ❑	X-Country Skiing ❑
Active Start/ Fundamentals ❑	Bocce ❑	Floor Hockey D ❑	Skate Skills ❑	Speed Skating ❑	
	Club Fit ❑	FUNdamental (7-12) ❑	Snag (Intro to golf) ❑	Track & Field ❑	
	Curling ❑	Golf ❑	Snowshoeing ❑		

EMERGENCY CONTACT(S) – Must be available while athlete is at practice

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

MEDICAL (answer ALL questions)

Down Syndrome: Yes ❑ No ❑

Date of Last Atlanto-Axial X-Ray:

Result: Negative / Positive

If positive, release form signed: Yes ❑ No ❑

Seizures: Yes ❑ No ❑

Type:

Frequency:

Treatment:

Heart Condition:: Yes ❑ No ❑

Explain:

Diabetes:: Yes ❑ No ❑

Treatment:

Cerebral Palsy: Yes ❑ No ❑

Autism: Yes ❑ No ❑

Asthma: Yes ❑ No ❑

Tetanus Shot: Yes ❑ No ❑

Date:

Allergies: **Food Allergies:** Yes ❑ No ❑ List:

Medication Allergies: Yes ❑ No ❑ List:

Other Allergies:

Athlete has or uses the following: Glasses ❑ Hearing Aid ❑ Dentures ❑ Contact Lenses ❑ Medical Alert ❑ Other:

MEDICATION (must be updated prior to any trips) please PRINT - NO ABBREVIATION-

Name of Medication (PRINT)	Dosage (i.e. 10mg 1 x	Time(s) of day	Self Administered
			Yes ❑ No ❑
			Yes ❑ No ❑
			Yes ❑ No ❑
			Yes ❑ No ❑
			Yes ❑ No ❑
			Yes ❑ No ❑

OTHER IMPORTANT INFORMATION: IE ANY PRE-EXISTING PHYSICAL OR BEHAVIOURAL LIMITATIONS THAT THE COACH MAY NEED TO KNOW

Print Name of Person Completing this Form:

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 as it changes.

Relationship to Athlete:

(Signature) (Date)