

Bluewater Blades Synchronized Skating Teams

Medical Information Form

The information included on this form is to facilitate the prompt medical care for this skater in case of an accident. Please complete this form fully and make sure that the information is kept up to date. No skater will be permitted to take part in the activities of this group without first having completed this form and filed it with the organization. Thank you for your cooperation.

Name: _____ D.O.B. _____

YYYY/MM/DD

Health Card #: _____

Private Insurance/Company Name: _____ Policy No: _____

Home Address: _____

Parent/Guardian _____

Home Phone # _____ Work Phone # _____

Other Emergency Contact: _____ Phone # _____

Family Doctor: _____ Office Phone # _____

When was your last tetanus shot? _____

Appendix removed? Yes No Gallbladder removed? Yes No

Have you ever had problems with any of the following:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Aspirins | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Insect bites/stings | <input type="checkbox"/> Allergies (Food or Medications) _____ | | |

Are there any other medical conditions that we should be aware of? Yes No

Does this skater carry any self-administered medication? Yes No

Authorization required:

I, _____ (skater's name or parent's name if skater is under 18) give permission for the Bluewater Blades Team Manager to authorize minor medical treatment for myself/child

Signature _____ Date _____