

SKATER MEDICAL PROFILE – MEDICAL RELEASE FORM

Skater's Name _____ Provincial Health Number _____

Date of Birth: (Day/Month/Year) _____ / _____ / _____

Address: _____

_____ Postal Code _____

Telephone: Home _____ Alternate _____ Mobile _____

Business (Father) _____ Business (Mother) _____

Family Physician: _____ Telephone: _____

MEDICAL HISTORY:

Do you have any allergies or medical problems? Yes / No Please specify below.

Are you presently taking any medications? Yes / No Please specify below.

What is the date of your most recent tetanus shot? _____

Do you wear contact lenses? Yes / No

Have you ever had surgery? Yes / No Please specify type/date below.

Have you had previous injuries requiring restriction of activity? Please specify below.

NEXT OF KIN: In case of emergency please notify:

Name _____ Telephone: _____ Alternate Telephone: _____

Relationship _____ Address _____

MEDICAL RELEASE: I attest that I/my child/my ward am/is medically fit to participate in speed skating activities. Experience has shown that in connection with speed skating activities, illness or accident may occur, and immediate surgical or medical attention may be necessary. This is my permission for the official in charge, or his/her deputy, to make the necessary medical arrangements for me/my child/my ward in the event of an emergency. I understand that the next of kin will be notified by the quickest possible means if this authority is exercised.

Signature of Participant _____ Signature of parent or legal guardian _____
(if participant is under 18 years of age)

Date: (Day/Month/Year) _____ / _____ / _____