



## BIATHLON ONTARIO

### EMERGENCY AND MEDICAL INFORMATION AND CONSENT FORM

**Athlete Name:** \_\_\_\_\_

**Athlete date of Birth:**      day      month      year

### EMERGENCY CONTACT INFORMATION

**PARENT/GUARDIAN #1:**

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PHONE: Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/PROV** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**PARENT/GUARDIAN #2:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PHONE: Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/PROV** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**

**NAME** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PHONE: Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/PROV** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

### EMERGENCY MEDICAL CONSENT

I hereby authorize emergency medical or surgical treatment for myself or my son/daughter/ward if such treatment is required and the assigned emergency contact can not be reached for authorization.

If the athlete is under 18, a parent or guardian must sign on their behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT Name and Relationship to athlete (Self, Parent, Guardian? )

\_\_\_\_\_

Please complete medical information on the next page:

## **MEDICAL INFORMATION**

**Athlete Name:** \_\_\_\_\_

**PROVINCIAL HEALTH CARD #** \_\_\_\_\_

**DOCTORS NAME & PHONE #** \_\_\_\_\_

**OUT OF PROVINCE/COUNTRY ADDITIONAL HEALTH PLAN:**

**COMPANY** \_\_\_\_\_ **POLICY#** \_\_\_\_\_

**INSURANCE COMPANY PHONE#** \_\_\_\_\_

**HAVE YOU HAD A TETANUS SHOT IN THE LAST 10 YEARS?** \_\_\_\_\_ **DATE of SHOT** \_\_\_\_\_

**DO YOU REQUIRE ANY REGULAR MEDICATION?** \_\_\_\_\_ **IF YES INDICATE TIME AND DOSEAGE BELOW**

<b>MEDICATION</b>	<b>WHEN TO BE TAKEN</b>	<b>PURPOSE</b>	<b>SIDE EFFECTS</b>

**DO YOU HAVE ATHSMA?**     **YES**         **NO**

**ATHSMA TRIGGER FACTORS**

\_\_\_\_\_

**DO YOU HAVE ANY ALLERGIES?**     **YES**         **NO**

**IF SO WHAT ARE THEY, WHAT IS YOUR REACTION, AND WHAT MEDICATIONS DO YOU USE FOR THEM, AND WHEN?**

\_\_\_\_\_

\_\_\_\_\_

**DO YOU USE ANY SPECIAL NEED DEVICES SUCH AS GLASSES, CONTACT LENS, KNEE BRACES, HEARING AIDS ETC...? IF SO WHAT ARE THEY ? (BE SPECIFIC )**

\_\_\_\_\_

\_\_\_\_\_

**ARE THERE ANY OTHER MEDICAL ISSUES THAT WE SHOULD BE MADE AWARE OF?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL INFORMATION CONTAINED IN THIS DOCUMENT WILL BE KEPT CONFIDENTIAL AND IS SOLELY FOR THE USE OF BIATHLON ONTARIO**