



MEDICAL INFORMATION FORM

NAME: _____ DOB: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____

AHC NUMBER: _____

REGISTERED PROGRAM(S) 1) _____

2) _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

PHONE NUMBER MOTHER: (H) _____ (C) _____

FATHER: (H) _____ (C) _____

Alternate emergency contact (if parents are not available)

NAME _____ (H) _____ (C) _____

DOCTOR: _____ PHONE NUMBER: _____

DISABILITY DESCRIPTION

Please note that a clear description of PARTICIPANTS disability is necessary as it allows for the best possible planning of lessons for the participant. Please indicate how the disability has affected functional ability (mobility of limbs, trunk balance, learns best by...etc.)

ALLERGIES? YES _____ NO _____

Medications/Food to be avoided _____

Reaction _____



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MEDICATIONS? YES _____ NO _____

If yes, please give complete description below:

	TYPE	DOSAGE	REASON
1 -	_____	_____	_____
2 -	_____	_____	_____

**DO YOU HAVE A MEDICAL CONDITION WHICH MIGHT NEED
EMERGENCY ATTENTION?** (ie. Epilepsy, Diabetes, High Blood Pressure)

YES ____ NO ____

If yes, please elaborate on frequency, type, duration, description of symptoms, and
behavior: _____

VACCINATIONS UP TO DATE? YES _____ NO _____

Date of last Tetanus Shot _____

HEPATITIS B SHOT? YES _____ NO _____

DO YOU HAVE CHRONIC OR RECURRING INJURIES? YES _____ NO _____

If yes, please give details _____

I understand that it is my responsibility to keep the team Safety Person and PSA advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or to a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (Safety Person, physician) as deemed necessary.

Date: ____/____/____ Signature of Parent or Guardian: _____

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