



## Elgin Park Athletics Medical Information and Waiver Form

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Care Card Personal Health No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_

**Pre-Existing Conditions:**

Please note any health problems, physical handicap, emotional difficulty, behaviour problem, or other factors which may limit full participation in this program. Use back of sheet if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the student had a previous injury which would require special first aid treatment should another injury occur? Explain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child is subject to: (check all that apply)

- ( ) asthma    ( ) ear ache    ( ) fainting    ( ) tonsillitis    ( ) eye infection    ( ) seizures  
 ( ) nightmares    ( ) bronchitis    ( ) nosebleeds    ( ) headache    ( ) bed wetting    ( ) dizziness  
 ( ) dislocations    ( ) sprains    ( ) kidney problems    ( ) frequent colds    ( ) dislocations  
 ( ) motion sickness    ( ) pulled muscles    ( ) sleep walking    ( ) sinus issues  
 ( ) sensitive skin    ( ) high blood pressure    ( ) Severe allergies (describe below)    ( ) other (describe below)

\_\_\_\_\_

**Immunizations:**

The student has received the regular immunization program administered in B.C. for diphtheria, pertusis and tetanus (DPT); tetanus and diphtheria (Td); polio; measles, mumps & rubella (MMR).

Yes      No (Circle)

**Medications:**

All medicines should be clearly labelled with the child's name and information below. All medications must be controlled and in the possession of the first aider (except for allergies). Use back of form if additional space is needed to list medications.

Name of medicine \_\_\_\_\_ Used for \_\_\_\_\_

To be administered by \_\_\_\_\_ Quantity & Times \_\_\_\_\_

Permission granted by \_\_\_\_\_ Given how \_\_\_\_\_

**Disclaimer:**

I understand that by participating in school sports my child faces the risk of injury. I am aware that all teams are provided with first aid supplies and that coaches have been trained in risk assessment procedures to ensure the necessary steps are taken to care for my child.

In case of emergency, I hereby give permission to the physician selected by the educator-in-charge to provide necessary treatment for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_