

**ROSE CITY RHYTHMS PRECISION SKATING TEAMS
MEDICAL INFORMATION/CONSENT FORM
(CONFIDENTIAL)**

Skater's Name _____ Phone # _____

Address: _____

Date of Birth: Month _____ Day ____ Year _____ Health Card # _____

Skate Canada # _____

Mother's Name _____ Father's Name _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Person to notify in case of an emergency:

Name _____ Phone _____ Relationship _____

The skater has been immunized against (give dates)

Tetanus _____ Diptheria _____ Polio _____

PLEASE CIRCLE THE APPROPRIATE RESPONSES PERTAINING TO THE SKATER:

Y	N	Allergies	Y	N	Is now being treated by a physician
Y	N	Asthma	Y	N	Has had an illness lasting more than a week in the past year
Y	N	Diabetic	Y	N	Wears a medic alert bracelet or necklace
Y	N	Epileptic	Y	N	Has any health problem that may interfere with a full skating program
Y	N	Hearing	Y	N	Has been in the hospital in the past year
Y	N	Heart	Y	N	Has had injuries requiring medical attention in the past year
Y	N	Takes medication regularly	Y	N	
Y	N	Bleeding			

Please given details if you answered "Y" to any of the above, and any further information not covered:

The skater may be given (circle) Tylenol Aspirin Gravol Pepto Bismal

I understand that it is my responsibility to keep the Team Manager advised on any change in the above information as soon as possible. In the event that no one can be contacted, team management is permitted to admit the skater named above to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff of any emergency unit to undertake examination, investigation, and necessary treatment of the above-named skater.

I further grant the skater permission to leave the country under the control of team management.

Date:

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Signature of Skater (if of age) or Parent/Guardian