Special Olympics Burnaby Local 4B
2018 – 2019 Athlete Medical Form

Special Olympics British Columbia Burnaby

Paid Cash____ Chq # ____

Initial _____

Athlete Name: _____ **Phone:** _____

Address: _____ **Cell:** _____

City: _____ **Postal Code:** _____ **Birth Date:** CCYY / MM / DD

E Mail Address: _____ **Sex:** ☐ M ☐ F

Sport Participation:

☐ 5 Pin Bowling	☐ Aquatics (Swimming)	☐ Cross-Country Skiing	☐ FUNdamentals N	☐ Snowshoeing
☐ 10 Pin Bowling	☐ Athletics (Track & Field)	☐ Curling	☐ FUNdamentals S	☐ Soccer
☐ Active Start	☐ Basketball	☐ Club Fit (Fitness)	☐ Powerlifting	☐ Softball
☐ Alpine Skiing	☐ Bocce	☐ Floor Hockey	☐ Rhythmic Gym	☐ Golf

Medical Information and History:

Doctor: _____ **Phone:** _____ **B.C. Care Card #:** _____

Down Syndrome: ☐ Yes ☐ No **If Yes Atlanto-Axial X-ray Date:** _____ ☐ Positive ☐ Negative

Seizures: ☐ Yes ☐ No **If Yes Type:** _____ **Frequency:** _____

Treatment: _____

Diabetic: ☐ Yes ☐ No **If yes treatment:** ☐ Diet ☐ Pill ☐ Injection **Schedule:** _____

Tetanus Shot: ☐ Yes (within ☐ 5 yrs ☐ 10 yrs) ☐ No **Asthma:** ☐ Yes ☐ No **Cerebral Palsy:** ☐ Yes ☐ No **Heart Condition:** ☐ Yes ☐ No

Other (please detail): _____

Allergies: ☐ Food _____

☐ Drugs _____ ☐ Other _____

Does the Athlete have or use any of the following:

☐ Glasses ☐ Hearing Aids ☐ Dentures ☐ Contact Lenses ☐ Other _____

Other Info: _____

Medication: **Self Administered:** ☐ Yes ☐ No **(must be updated prior to any trips)**

Name & Dosage _____ **Time** _____

Name & Dosage _____ **Time** _____

Emergency Contacts:

Contact 1: _____ **Contact 2:** _____

Home Phone: _____ **Cell:** _____ **Home Phone:**_____ **Cell:** _____

Email: _____ **Email:**_____

Relation: ☐ Parent ☐ Guardian ☐ Caregiver ☐ Other _____ **Relation:** ☐ Parent ☐ Guardian ☐ Caregiver ☐ Other_____

I acknowledge that all the information given on this form is correct to the best of my knowledge and that I will update this information if it changes.

_____ _____ _____

Signature of Athlete / Parent / Guardian (circle one) **Name of Person Completing this Form** **Date**

General Release; By signing below you acknowledge and give permission to Special Olympics BC – Burnaby to use pictures and / or other electronic images of yourself for the purposes of promotional materials that the organization may utilize but not limited to printed material, web sites and videos/CDs

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Signature of Athlete / Parent / Guardian (circle one)

Special Olympics Burnaby values the privacy of its athletes and as such protects the confidentiality of your personal information