

Special Olympics Burnaby Local 4B 2017 – 2018 Athlete Medical Form



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:

- | | | | | |
|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> 5 Pin Bowling | <input type="checkbox"/> Aquatics (Swimming) | <input type="checkbox"/> Cross-Country Skiing | <input type="checkbox"/> FUNdamentals N | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> 10 Pin Bowling | <input type="checkbox"/> Athletics (Track & Field) | <input type="checkbox"/> Curling | <input type="checkbox"/> FUNdamentals S | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Active Start | <input type="checkbox"/> Basketball | <input type="checkbox"/> Club Fit (Fitness) | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Bocce | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Rhythmic Gym | <input type="checkbox"/> 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: _____

Email: _____ Email: _____

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

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

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