



BIATHLON ONTARIO

EMERGENCY AND MEDICAL INFORMATION AND CONSENT FORM

Athlete Name: _____

Athlete date of Birth: day month year

EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN #1:

NAME: _____ **Relationship:** _____

PHONE: Home _____ **Cell:** _____ **Work** _____

ADDRESS: _____

CITY/PROV _____ **POSTAL CODE** _____

EMAIL ADDRESS _____

PARENT/GUARDIAN #2:

Name: _____ **Relationship:** _____

PHONE: Home _____ **Cell:** _____ **Work** _____

ADDRESS: _____

CITY/PROV _____ **POSTAL CODE** _____

EMAIL ADDRESS _____

ALTERNATE EMERGENCY CONTACT

NAME _____ **Relationship:** _____

PHONE: Home _____ **Cell:** _____ **Work** _____

ADDRESS: _____

CITY/PROV _____ **POSTAL CODE** _____

EMAIL ADDRESS _____

EMERGENCY MEDICAL CONSENT

I hereby authorize emergency medical or surgical treatment for myself or my son/daughter/ward if such treatment is required and the assigned emergency contact can not be reached for authorization.

If the athlete is under 18, a parent or guardian must sign on their behalf.

Signature: _____ Date: _____

Please PRINT Name and Relationship to athlete (Self, Parent, Guardian?)

Please complete medical information on the next page:

MEDICAL INFORMATION

Athlete Name: _____

PROVINCIAL HEALTH CARD # _____

DOCTORS NAME & PHONE # _____

OUT OF PROVINCE/COUNTRY ADDITIONAL HEALTH PLAN:

COMPANY _____ **POLICY#** _____

INSURANCE COMPANY PHONE# _____

HAVE YOU HAD A TETANUS SHOT IN THE LAST 10 YEARS? _____ **DATE of SHOT** _____

DO YOU REQUIRE ANY REGULAR MEDICATION? _____ **IF YES INDICATE TIME AND DOSEAGE BELOW**

MEDICATION	WHEN TO BE TAKEN	PURPOSE	SIDE EFFECTS

DO YOU HAVE ATHSMA? **YES** **NO**

ATHSMA TRIGGER FACTORS

DO YOU HAVE ANY ALLERGIES? **YES** **NO**

IF SO WHAT ARE THEY, WHAT IS YOUR REACTION, AND WHAT MEDICATIONS DO YOU USE FOR THEM, AND WHEN?

DO YOU USE ANY SPECIAL NEED DEVICES SUCH AS GLASSES, CONTACT LENS, KNEE BRACES, HEARING AIDS ETC...? IF SO WHAT ARE THEY ? (BE SPECIFIC)

ARE THERE ANY OTHER MEDICAL ISSUES THAT WE SHOULD BE MADE AWARE OF?

ALL INFORMATION CONTAINED IN THIS DOCUMENT WILL BE KEPT CONFIDENTIAL AND IS SOLELY FOR THE USE OF BIATHLON ONTARIO