



2016-2017 Medical Information Form

The information that you provide will be kept in confidence and will only be shared on a "need to know" basis as set out in the Vernon Speed Skating Club Privacy Policy.

Last Name of Skater _____

First Name of Skater _____

Date of Birth (d/m/y) ____/____/____

Medical Care Card # _____ Doctor _____ Phone _____

Medical History

Do you have any allergies? Please specify _____

Are you presently taking any medication? Please specify _____

Do you wear contact lenses or glasses? _____

Have you had surgery in the past year? Please specify _____

Do you have any previous injuries? Please specify _____

Any addition medical information _____

In case of emergency, please contact -

#1 Name _____ Relationship to skater _____

Home Phone _____ Cell Phone _____ Work Phone _____

#2 Name _____ Relationship to skater _____

Home Phone _____ Cell Phone _____ Work Phone _____

#3 Name _____ Relationship to skater _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Release

I attest that I am/my child is/my ward is medically fit to participate in Speed Skating activities. Immediate medical attention may be necessary due to illness or accident. I give my permission for the official in charge, or his/her deputy, to make the necessary medical arrangements for me/my child/my ward in the event of an emergency. I understand that I or my emergency contact will be notified by the quickest possible means.

Signature or Parent or Guardian (if skater under

19) _____ Date _____

