

Stelly's Athletics Medical Info Form

- ✓ THIS FORM MUST BE COMPLETED AND RETURNED.
- ✓ INFORMATION IS COMPLETELY CONFIDENTIAL
ALTHOUGH THE COACH MAY HAVE TO SHARE
THIS INFO WITH A HEALTH CARE PROVIDER.
- ✓ PLEASE PRINT IN INK.

- ✓ THE FIRST AID PERSON/COACH WILL CARRY THIS FORM
ON ALL TRIPS
- ✓ PLEASE FILL OUT CONTACT NUMBERS CAREFULLY.
- ✓ YOU MUST ANSWER ALL OF THE AREAS (USE N/A DO NOT
LEAVE BLANK).
- ✓ MUST BE HANDED PRIOR TO COMPETING.

STUDENT'S NAME: _____ CARE CARD NUMBER: _____

DATE OF BIRTH _____ (MONTH/DAY/YEAR)

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CONTACT INFORMATION

Name and Number of person to call in case of an emergency:

1st choice name: _____ Relationship _____

Home phone: _____ Best time? _____

Work phone: _____ Best time? _____

2nd choice name: _____ Relationship _____

Home phone: _____ Best time? _____

Work phone: _____ Best time _____

Physician's Name: _____ 24 Hour Telephone: _____

MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY TO YOUR MEDICAL/PHYSICAL CONDITION AND GIVE
DETAILS BELOW

- Angina
- Arthritis
- Asthma
- Breathing Problems
- Bursitis
- Concussion /Previous Head Injury
- Chronic Joint Injuries
- Diabetes
- Hearing Deficiency
- Heart Condition
- High Blood Pressure
- Inner Ear or Balance Problem
- Infectious Disease
- Migraine Headaches
- Poor Eyesight
- Recurring muscle injuries
- Rheumatic fever
- Tendonitis
- Ulcers

Including the above please list any/all medical conditions (hepatitis, kidney ailment) or physical conditions (seizure disorders, bad back, joint problems, etc.) that may affect your ability to participate in this program. For emergency purposes, please describe all past and present problems, how they affect you, what are the symptoms of onset, and what brings them on:
