SPEED SKATE PEI PARTICIPANT HEALTH INFORMATION CARD

Name:_____

Date of Birth: _____
Day Month Year

Parents/caregiver: Father:_____
Mother:_____

Person to be contacted in case of emergency:_____
Phone numbers: Day_____Evening:_____

Alternative contact:_____
Phone numbers: Day_____Evening:_____

Family Doctor:_____Phone:_____

PEI Health Insurance Number:_____
Additional insurance numbers(specify):_____

Relevant Medical History:
Current medications (specify condition, drug, dose and potential side effects we should be aware of):
_____
_____
_____
_____
_____

Does the skater carry and know how to administer his or her own medications:
Yes____ No____ Which ones?_____

Allergies:_____
_____
_____

Previous Injuries or health problems: _____
_____
_____

Other conditions (contact lenses, braces, etc):_____
_____
This medical information is considered confidential and is only used by the coach or other individuals who need to assist with your child's care in your absence.

I, parent or legal guardian of _____, give permission to Speed Skate PEI to arrange for appropriate care for _____in the event that Speed Skate PEI is unable to contact me in an emergency situation requiring immediate medical attention.
Signed:_____ Date:_____
Print name:_____