

Special Olympics B.C. Medical Form

Athlete – Coquitlam Local

It is very important that the information on this form be legible

Athlete's First Name:		Last Name:	
Address:	City: Postal Code:		
Phone:		Cell:	
<u>E-Mail Address for athlete or contact person:</u>	<u>VALID, LEGIBLE EMAIL ADDRESS IS REQUIRED!</u>		
Personal Health Number			
Gender (M or F):		Birth Date (Month/Day/Year):	

EMERGENCY CONTACTS (Parent/Caregiver)

1		Phone #	
	Relationship with Athlete	Cell #	
2		Phone #	
	Relationship with Athlete	Cell #	

NON-EMERGENCY CONTACT PERSON(S)

1		Phone #	
	Relationship with Athlete	Cell #	
2		Phone #	
	Relationship with Athlete	Cell #	

DOCTOR'S NAME - REQUIRED

	Phone#	
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MEDICATION

(Coaches must immediately be notified of any changes in medication)

PRESCRIPTION MEDICATION			
Self-Administered		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		Name	
Dosage		Dosage	
Times		Times	
Name		Name	
Dosage		Dosage	
Times		Times	

OVER THE COUNTER MEDICATION

MEDICAL HISTORY

Athletes have/use: ☐ Glasses ☐ Contact Lenses ☐ Hearing Aid(s) ☐ Dentures ☐ Bridges

☐ Other (specify) _____

Down Syndrome: ☐ No ☐ Yes **If Yes:** Atlanto-Axial X-ray Date: _____
☐ Positive ☐ Negative

Seizures ☐ No ☐ Yes **If Yes:** Type _____
Frequency _____
Treatment _____

Diabetic ☐ No ☐ Yes **If Yes:** Treatment: ☐ Diet ☐ Pills
☐ Injection Schedule: _____

Blood Disorders: ☐ No ☐ Yes **If Yes (specify)** _____

Tetanus Shot ☐ No ☐ Yes **If Yes:** Within 5 years ☐ Within 10 years ☐

Asthma ☐ No ☐ Yes

Cerebral Palsy ☐ No ☐ Yes

Heart Conditions ☐ No ☐ Yes **If Yes, specify:** _____

Allergies ☐ No ☐ Yes **If Yes, (specify)** _____

Other Medical History: _____

Behaviour Concerns: _____

General Comments: _____

I acknowledge that all the information given on this form is correct, to the best of my knowledge, **and I will update this information as it changes.**

Name of Person Completing Form

Date

Signature ☐ Athlete ☐ Parent ☐ Guardian/Caregiver

Please indicate the program you wish to participate in: (Program dates/locations on separate sheet)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> 5 Pin Bowling- Tues. | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming - Lengths |
| <input type="checkbox"/> Athletic Club | <input type="checkbox"/> 5 Pin Bowling- Sat. | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming – Learn to Swim |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Ten Pin Bowling | <input type="checkbox"/> Snow Shoeing | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Speed Skating | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Club Fit High Int. Cardio | (including “Learn to Skate”) <input type="checkbox"/> Bocce | |
| <input type="checkbox"/> Active Start (ages 2-6) | <input type="checkbox"/> Rhythmic Gym | | |
| <input type="checkbox"/> FUNdamentals (ages 6-10) | | <input type="checkbox"/> Golf – include \$15 registration fee but not the extra fee | |

Return this form (by August 28, 2018) to:
SOBC Registrar, 33 Darney Bay, Port Moody, BC, V3H 3T9