



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** _____

Date of Birth (m/d/y) _____

Medical Care Card# _____ **Doctor** _____ **Phone** _____

Medical History

Do you have any allergies? Please specify _____

Are you presently taking any medications? 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 additional medical information _____

In case of emergency – please contact

#1 Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

#2 Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

Medical Release

I attest that I am/my child is/my ward is medically fit to participate in speedskating 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/mychild/myward in the event of an emergency. I understand that I or my emergency contact will be notified by the quickest possible means.

Signature of Parent or Guardian (if skater under 19)

_____ **Date** _____