



**ATHLETE AGREEMENT  
EMERGENCY CONSENT & MEDICAL HISTORY  
FORM**

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete the EMERGENCY CONSENT FORM below and return to the Race Administrator, no later than the first day of Christmas camp or first training day if not participating in Christmas camp. In the event of a medical emergency, the athlete's coach and this consent form will accompany your child to the hospital/clinic so that medical treatment can be rendered.

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I/we hereby authorize the following coaches and or guardians to give consent for all medical and/or surgical treatment that may be required for our child/children if we cannot be contacted to provide consent:

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Head Coach, Team Coaches

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We understand the above mentioned person(s) in charge will use his/her best judgment in obtaining the best of such service for our child/children. We understand the cost will be our responsibility and we also understand that in the event of illness or accident, we will be notified as soon as possible:

Effective: December 27, 2011 until March 31, 2012

Child (athlete's) name:		
Date of Birth (mm/dd/yyyy):		
Ontario Health Card Number:		
Health Insurance Company:		
Group Number:	Member Number:	
Physician:	Phone:	
Full Name and Address of Parent/Guardian:		
Telephone Numbers of Parent/Guardian:		
Home:	Alternate:	Cell:
Any Other Phone Numbers:		
Signed, parent/guardian:		Date:



## MEDICAL HISTORY

**Are you subject to any of the following conditions?**

**Yes**

**No**

Chronic Bronchitis, Pleurisy or other Chest Disorders

( )

( )

Asthma

( )

( )

Frequent Sore Throats

( )

( )

Eye Trouble, Ear Trouble or Deafness

( )

( )

Frequent Nose Bleeds

( )

( )

Headaches

( )

( )

Fainting Spells or Dizziness

( )

( )

Fits or Convulsions

( )

( )

Heart Trouble or Rheumatic Diseases

( )

( )

Stomach or Bowel Trouble

( )

( )

Diabetes or Kidney Trouble

( )

( )

Drug Reaction or other Allergies

( )

( )

Any other condition requiring:

1. Regular Medication

( )

( )

2. Restrictions of Activities

( )

( )

Have you had (a) any Operations

( )

( )

(b) Broken Bones or Dislocations

( )

( )

Are you presently taking any medications of any kind?

( )

( )

If you have answered **YES** to any of the questions above, please describe fully below:

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I hereby declare that the preceding information is to the best of my knowledge true and correct.

\_\_\_\_\_  
(Signature Parent/Guardian)

\_\_\_\_\_  
(Signature Athlete)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Please Print)

\_\_\_\_\_  
(Athlete Please Print)