



ATHLETE INFORMATION & MEDICAL HISTORY FORM

Date completed (MM/DD/YY): ___/___/___ Last reviewed: 1 yr 2 yrs 3 yrs

1. Personal Information SOO Registration Number (if known): _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt / Unit # _____

City _____ Province **ONTARIO** Postal Code _____

Home Phone Number () _____ Cell Phone Number () _____

e-mail (athlete/parent/Guardian) _____

_____/_____/_____
Date of Birth (MM/DD/YY) Gender: Male Female

OHIP Number *This information is provided voluntarily and not required for the completion of this form

2. Living Arrangements

Independent Family Group Home Other _____

3. Emergency Contact(s)

1. Name _____ Relationship to Athlete _____

Home Phone Number () _____ Cell Phone Number () _____

2. Name _____ Relationship to Athlete _____

Home Phone Number () _____ Cell Phone Number () _____

4. Medical Contact(s)

Family Doctor (please print name) _____

Phone Number () _____

5. Medical History

Please check Yes (Y) or No (N) for all areas

If yes, please specify in the boxes below

Y N

- Food Allergies
- Sting/Bite Allergies
- Medicine Allergies
- Do you carry an epi-pen?
- Asthma
- Do you carry an inhaler?
- Blindness or Visual Problems
- Bone or Joint Problems
- Chest Pain
- Concussion or Serious Head Injury
- Diabetes
- Down Syndrome
- Atlantoaxial Instability
- Easy Bleeding

Y N

- Emotional/Psychological/ Behaviour Problems
- Hearing Loss/Hearing Aid
- Major Surgery or serious illness
- Heat Stroke/Exhaustion
- High Blood Pressure
- Medications (if yes, please indicate below)
- Non-Verbal
- Seizures/Epilepsy/Fainting Spells
If yes, date of last episode / /
(MM/DD/YY)
- If yes, commonly reoccurring
- Requires Assistance
- Uses Wheelchair
- Other _____

If you answered yes to any questions above, please elaborate in the boxes below:

Please explain any medical issues and how to address them (eg. List any allergies, response to seizures, etc., medications required for specific circumstances)

Please indicate any information that will benefit the athlete/coach training relationship (eg. Behaviour management, communications, limitations, etc.)



8. Athlete, Caregiver or Guardian Release

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf.

* I, the undersigned athlete (caregiver and/or legal guardian), hereby request permission to participate in the Special Olympics Canada Inc. program. I represent and warrant you that I am physically able to participate in Special Olympics Canada Inc. *I acknowledge that I will be using facilities at my own risk, and I hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. *As a participating athlete, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Canada and in appealing for funds to support such activities. *I agree to abide by Special Olympics Canada Inc. rules, policies, procedure, and Code of Behavior. If I am unable to be consulted in case of necessity, Special Olympics Canada Inc. is authorized at my account to take such measures and arrange for such medical and hospital treatment as is deemed advisable for my health and well-being. *Any and all references to Special Olympics Canada Inc. include and apply equally to Special Olympics Ontario Inc.

Can your athlete’s photograph be used for media purposes as mentioned above? Yes No

Important: I understand that the information contained in this form may be deemed confidential. I affirm that I have read the above and that the information I have given is true and complete. This form must be completed and signed in order to participant in any practice or sporting event

Name (printed) _____ Signature _____

Relationship to Athlete _____ Date _____

Important: Information must be confirmed by the coaching staff or manager before the first practices of the year.

Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials
Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials
Date Information Confirmed Correct	Date Information Revised	Athlete/Guardian Initials	Coach/Manager Initials

Club Manager: Please inform your community registrar of any changes in contact information.