

COMETS TRACK AND FIELD CLUB
ATHLETE MEDICAL INFORMATION SHEET
2007 – (TO BE COMPLETED ANNUALLY)

Last Name _____ First Name _____
Date of Birth D/M/Y) _____ BC Athletics # _____ BC Medical# _____
Address _____ Home Phone _____
City _____ Postal Code _____
Mother's Name _____ Father's Name _____
Business telephone _____ Business telephone _____
Person to contact in case of emergency, if parents are not available:
Name _____ Telephone _____
Doctor's Name _____ Telephone _____
Dentist's Name _____ Telephone _____

Please circle the appropriate responses below:

Yes	No	Wears glasses
Yes	No	Lenses shatterproof
Yes	No	Wears contact lenses
Yes	No	Wears dental appliance
Yes	No	Hearing Problem
Yes	No	Asthma
Yes	No	Trouble breathing during exercise
Yes	No	Fainting episodes during exercise
Yes	No	Diabetic
Yes	No	Heart Condition
Yes	No	Allergies (please specify) _____
Yes	No	Epileptic
Yes	No	Medication (please specify) _____
Yes	No	Wears a medic alert bracelet or necklace
Yes	No	Surgery in last year _____

Yes No Has been in hospital in the last year (specify date)_____

Yes No Has had injuries requiring medical attention in the past year_____

Yes No Presently injured

Please give details below if you answered "yes" to any of the above items:_____

(Use a separate sheet if necessary)

Medications_____

Allergies_____

Medical Conditions_____

Recent Injuries_____

Last Tetanus Shot_____

Any information not covered above_____

*** Your physician should check any medical condition or injury problem before you or your child participate in the Comet program.

I understand that it is my responsibility to keep my/or my child's coach advised of any change in the above information as soon as possible. I also understand that in the event of an emergency, in which no one can be contacted, a member of the Comets coaching staff will take me or my child to the hospital (or to a Doctor) as required.

I hereby authorize the attending physician or nursing staff to undertake examination, investigation, and necessary treatment for me or for my child.

I also authorize release of information to appropriate persons(personal coach/physician/meet coach) as deemed necessary.

Signature of Athlete_____ Date_____

Signature of Parent/Guardian(if athlete is less than 19 years of age)_____