

Wentworth Ski Racing Club
Medical Profile & Parental Permission for Medical Treatment

Athlete's Name _____

Date of Birth day _____ month _____ year _____

Current Address _____

Present Phone # _____ E-mail Address _____

Provincial Health Number _____

Province of registration _____

Height _____ Weight _____

Emergency contact person

Name _____ relation _____

Phone number (H) _____ (W) _____

Cell number _____ Cell number _____

Family Physician _____ Phone Number _____

Medical history

Allergies (list) _____

Medications (list) _____

Supplements (list) _____

Last Tetanus shot date _____

Contact lenses (Y/N) _____ Dental appliances (Y/N) _____

Concussions (list dates) _____

Protective devices/ braces _____

Medical conditions (e.g. asthma, diabetes, seizures, heart condition)

Present or recent illnesses and/ or injuries

I/we, the parents or guardians authorize Wentworth Ski Racing Club or one of the Wentworth Ski Racing staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

Date: _____ Signature: _____

Parent's name (print) _____

Parent's Signature (if under 18) _____

