

Guelph Rowing Club - Athlete Medical Information

This form will be provided to medical professionals in the event of an emergency.
Confidentiality will be respected.

ACCURACY IS ESSENTIAL - PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name: _____ Female Male Date of Birth: _____
MONTH DAY YEAR

Health Card #: _____ (Include letters if a replacement card)

Parent / Guardian: _____
Home Address: _____
STREET ADDRESS CITY/TOWN POSTAL CODE
Home Phone: _____ Other Phone: _____

Emergency Contact Information

Name(s): _____
Primary Phone: _____ Other Phone: _____

Doctor's Contact Information

Doctor's Name: _____ Office Phone: _____
Office Address: _____
STREET ADDRESS CITY/TOWN POSTAL CODE

Medical History

Dietary Info: Vegetarian Vegan Lactose Intolerant Gluten Free Other: _____

Food allergy or sensitivity: Life Threatening? Yes No

Drug allergy or sensitivity: Life Threatening? Yes No

Other allergies or sensitivities: Life Threatening? Yes No

Asthma: _____

Diabetes: _____

Epilepsy / Seizures: _____

Heart condition: _____

Back or other joint problems: _____

Rash/skin conditions: _____

Recent illness or surgery: _____

Any other disability/condition: _____

Any special habits, fears or anxieties: _____

Date of last tetanus vaccination: _____
MONTH DAY YEAR REASON

Additional Health Information (e.g., current medications):

Please check this box if there is additional information written on the back of this page

Parent/Guardian Signature: _____ Date: _____