

# 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:** \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_