

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

Athlete Name: _____ Female Date of Birth: MM/DD/YYYY
Male

Health Card # _____ <div style="text-align: right; font-size: small;">(include letters if a replacement card)</div>
--

Parent / Guardian: _____

Home Address: _____
Street Address City Postal Code

Parent Phone: _____ Parent Email: _____

Athlete Phone: _____ Athlete Email: _____

Emergency Contact Information

Names(s): _____

Primary Phone: _____ Other Phone: _____

Doctor's Contact Information

Doctor's Name: _____ Office Phone: _____

Office Address: _____
Street Address City 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 problems: _____

Recent illness or surgery: _____

Any other disability/ condition: _____

Any special habits, fears or anxieties: _____

Date of last tetanus vaccination: MM/DD/YYYY Reason: _____

Additional Health Information (e.g. current medications). Please use back of page if require more space.

Parent/Guardian Signature: _____ Date: _____