

SIR JOHN A ATHLETIC MEDICAL FORM

THIS FORM MUST BE COMPLETED AND **HANDED IN TO EACH COACH FOR EVERY TEAM** THE STUDENT-ATHLETE COMPETES ON. COACHES WILL KEEP THESE FORMS WITH THEM FOR EVERY PRACTICE AND COMPETITION.

STUDENT ATHLETE NAME: _____

SPORT: _____

COACH: _____

PROVINCIAL HEALTH CARD NUMBER: _____



EXPIRY DATE: _____

EMERGENCY CONTACT #1 NAME:

HOME #:

WORK #:

CELL #:

EMERGENCY CONTACT #2 NAME: _____

HOME #:

WORK #:

CELL #:

MEDICAL CONCERNS: Please list below any medical/health concerns that your coach should be made aware of (allergies, medications, chronic conditions, etc.):

PARENT/GUARDIAN SIGNATURE: _____