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|  |  |  | **Athletics Victoria Track and Field Society** |
|  |  | **MEDICAL INFORMATION** |
|  |
| **PLEASE PRINT CLEARLY** |
| **ATHLETE & PARENT/GUARDIAN INFORMATION** |
| Last Name | First Name | Birthdate (YYYY/MM/DD) |
|
| Address | **Care Card #** |
|
| City | Province | Postal Code |
|
| Emergency Contact #1  | Relationship to Athlete | Phone #1 | Phone #2 |
| Emergency Contact #2  | Relationship to Athlete | Phone #1 | Phone #2 |
| **MEDICAL HISTORY** |
| **Please list relevant medical conditions which would be important in the event of an emergency, such as asthma, allergies (food, pollen, medication), epilepsy, diabetes, surgeries or broken bones in the past 3 years, and so on. If the athlete is taking prescribed medications, please list those and the dosages.** |
| **Please list specific past or existing athletic injuries that may hinder your child's participation in certain activities** |
| **PARENT/GUARDIAN CONSENT (required if athlete is age 18 or younger)** |
| This form provides the PARENTS'/GUARDIANS' permission and authorizes a designated Coach, Coordinator, Executive Member or Team Manager of Athletics Victoria to act on their behalf in the event of a medical emergency arising from participation in Athletics Victoria activities. |
| **Parent/Guardian Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Print First and Last Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
|   |  |  |  |  |  |  |  |   |
| **This information is confidential and is accessed only by club coaches or executive as is required or necessary. This form must be completed, signed and returned to the Registrar before the athlete can participate in Athletics Victoria activities.** |