



SPECIAL OLYMPICS BC – SUNSHINE COAST
MEDICAL FORM

PROGRAM YEAR: _____ FIRST YEAR OF REGISTRATION: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ ALT. PHONE: _____

SEX (M OR F): _____ BIRTH DATE: _____ LOCAL: _____

SPORTS: Please only circle programs athlete currently attends)

- | | | | |
|--------------|--------------|---------------------|---------------|
| Active Start | Curling | Golf | Softball |
| Basketball | Floor Hockey | Rhythmic Gymnastics | Swimming |
| Bocce | FUNDamentals | Soccer | Track & Field |

EMERGENCY CONTACT:

Contact 1: _____ Telephone: _____

Relationship to Athlete: (circle one) Parent Guardian Spouse Sibling Caregiver

Contact 2: _____ Telephone: _____

Relationship to Athlete: (circle one) Parent Guardian Spouse Sibling Caregiver

I acknowledge that all the information given on this form is correct to the best of my knowledge, and that I will update this information as it changes.

Signature of Athlete/Parent/Guardian Name of Person Completing Form Date



MEDICAL INFORMATION

Name: _____ Medical Insurance No. _____

Doctor's Name: _____ Phone Number: _____

Down Syndrome: (Circle One) No Yes (If yes, please fill out the next line)

Atlantoaxial X-Ray Date: _____ Positive: _____ Negative: _____

Seizures: (Circle One) No Yes (If yes, please fill out the next line)

Type: _____ Frequency: _____

Treatment: _____

Medical History: (please circle)

Diabetic No Yes Treatment: Diet Pill Injection Schedule _____

Tetanus Shot No Yes Within 5 years Within 10 years

Asthma No Yes

Cerebral Palsy No Yes

Heart Condition No Yes Other: _____

Allergies: (please list) Food _____

Drugs: _____

Other: _____

Does the athlete have or use any of the following: (please circle)

Glasses Hearing Aid Dentures Contact Lenses Other

MEDICATION (must be updated prior to any trips)

Self Administered Yes No

Name & Dosage _____ Time/s: _____

Name & Dosage _____ Time/s: _____

Name & Dosage _____ Time/s: _____

Name & Dosage _____ Time/s: _____

Comments which would enhance the athletes' participation in program events and travel:
