



AP-I-901.1.4 SCHEDULE D
COMPETITIVE ATHLETICS MEDICAL INFORMATION FORM
(Please complete BOTH sides of this form)

Team Information

Description of Activity: _____ Activity Date(s): _____

Student & Emergency Contact Information

Student Name: _____ Birthdate: ____ / ____ / ____
(YY) (MM) (DD)

Student Alberta Health Care Number (recommended): _____

Parent/Guardian Contact Name: Mr./Ms. _____
(Circle)

Telephone # _____
(Home) (Work) (Cell)

Emergency contact #1: Mr./Ms. _____
(Circle)

(Relationship to Student) (Home Phone #) (Work Phone #) (Cell Phone #)

Emergency contact #2: Mr./Ms. _____
(Circle)

(Relationship to Student) (Home Phone #) (Work Phone #) (Cell Phone #)

Medical Information

1. Is your child presently under the care of a physician for a specific health concern? NO YES (If yes, please provide details.)

2. Is your child currently taking any medications? NO YES (If yes, please provide details.)

3. Does your child have any known allergies? NO YES (If yes, please provide details & treatment.)

4. Does your child have any dietary concerns or conditions? NO YES (If yes, please provide details.)
5. Does your child have any other medical concerns that coaches or teachers should be aware of (e.g. bedwetting, sleepwalking, etc)? NO YES (If yes, please provide details.)
6. Are there any other concerns or conditions we should know that are not already identified and can influence your child's participation in this activity? NO YES (If yes, please provide details.)

Agreement & Authorization

- I understand that I, as a parent am responsible for ensuring that there are no health concerns with my child that may influence their ability to safely participate in this activity. If I am uncertain at any time during the season of play, I will have my child's health reviewed by a physician and notify the coaches if health concerns are identified.
- This is my permission for the coach/teacher in charge, or their designate, to make arrangements for any necessary emergency medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or emergency contact as quickly as possible.

Parent / Guardian Name – PRINTED

Parent / Guardian Signature

Date