

# MATSQUI BLADES SPEEDSKATING ASSOCIATION

## MEDICAL INFORMATION FORM

The information you provide will be kept in confidence and will only be shared on a “need to know” basis as set out in the Matsqui Blades Speedskating Associations privacy policy.

Please complete the information below if the skater has any medical condition that:

1. May impede the skater’s ability to participate fully in the training program
2. Requires the skater to take medication, and where the taking of these medications may be at times when the skater is at a practice, competition or other club event.
3. In the case of an emergency where the skater is transported to a hospital or other medical facility, the persons providing treatment should be aware of a pre-existing condition (i.e. diabetic, blood disorder)
4. You feel that the coaches or those offering medical or other assistance should be aware of

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provincial Medical Number: \_\_\_\_\_

Dr.’s Name: \_\_\_\_\_ Dr.’s Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please write in details below the conditions that you feel should be disclosed, including where applicable medications and pre-existing conditions.

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