



# LA MATHESON SECONDARY ATHLETICS ATHLETE MEDICAL INFORMATION

TEAM \_\_\_\_\_

I Name \_\_\_\_\_ Date \_\_\_\_\_

Student Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Present Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Day Month Year

II Care Card# \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

III Mother's Name \_\_\_\_\_

Telephone at Home \_\_\_\_\_ At Work \_\_\_\_\_

Father's Name \_\_\_\_\_

Telephone at Home \_\_\_\_\_ At Work \_\_\_\_\_

IV Describe any medical/physical problems that the school should be aware of (i.e. Epilepsy, Diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_