

Team Braemar Medical Information Form 2010-2011

Skater Name: _____ Birthdate: _____ Age on July 1, 2010: _____
Name of Insurance Co: _____ Policy No.: _____
Name of Insured: _____ Insured's ID No: _____
Primary Physician's Name: _____ Phone No: _____

EMERGENCY medical information (allergies, pre-existing conditions, etc.)

- 1) Have you had a pre-participation (sports) history and physical? YES/Date _____ NO _____
- 2) Are you allergic to any medication? YES__ NO__ If you answered yes, list medication names: _____

- 3) Any allergies to food, insect bites, other? YES__ NO__ If you answered yes, list all allergies: _____

- 4) Dates of last immunizations: Tetanus booster _____ Measles/Mumps/Rubella _____
- 5) Have you ever had chest pain, dizziness, or passed out during or after exercise? YES__ NO__ If you answered yes, explain: _____

- 6) Have you ever been told you had a heart murmur or heart problem? YES__ NO__ If you answered yes, explain: _____

- 7) Do you have exercise-induced asthma? YES__ NO__ Do you use inhalers? YES__ NO__
- 8) Do you have any history of physical injuries such as fractures, sprains, concussions? YES__ NO__ If you answered yes, explain: _____

- 9) Are you taking any medications at this time? YES__ NO__ If you answered yes, list all: _____

- 10) Have there been any instances of sudden death under age 50 in your family? YES__ NO__ If yes, explain: _____
- 11) Do you wear glasses, contact lenses, or dental appliances? YES__ NO__ If yes, list: _____
- 12) When was your first menstrual period? _____ How many periods have you had in the last 12 months? _____

In case of medical emergency, I understand that every effort will be made to contact either the emergency contact or the parent/guardian listed below. I give my permission to Team Braemar representatives to make whatever arrangements are necessary and prudent to give medical care and treatment in the event contact cannot be made.

Signature of Skater (Parent/guardian if under age 18): _____

Printed Name _____

Home Phone No: _____ Cell Phone No: _____

Printed Name of Emergency Contact (if over age 18): _____

Home Phone No: _____ Cell Phone No: _____

Date: _____