

# Medical Information Form



In addition to the *Waiver Agreement* and *Elements of Risk* notices agreed to in the Trailblazers online registration system, this form must be completed and returned to the team/program head coach prior to player participation.

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

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Team/Program: \_\_\_\_\_

Where your child's/ward's condition is confidential or requires further explanation you are requested to contact your child/ward's team/program head coach.

Date of last complete medical examination: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Is your child allergic to any drugs, food or medication/other?  Yes  No

If yes, provide details \_\_\_\_\_

## 1. Medic Alert Information:

Does your child/ward wear a medical alert bracelet?  Yes  No

Does your child/ward wear a neck chain?  Yes  No

Does your child/ward carry a medical alert card?  Yes  No

If yes, provide details: \_\_\_\_\_

## 2. Medications:

Does your child/ward take any prescription drugs?  Yes  No

If yes, provide details \_\_\_\_\_

What medication(s) should be accessible during Collingwood Trailblazers Basketball Club activities?

Who should administer the medication? \_\_\_\_\_

## 3. Oral and Visual Appliance:

Does your child/ward wear eyeglasses?  Yes  No

Does your child/ward wear contact lenses?  Yes  No

Does your child/ward wear an orthodontic appliance?  Yes  No

Does your child/ward have dental restorations (i.e., crowns, bridges)?  Yes  No

**4. Medical Conditions:**

Has your child/ward been identified as anaphylactic?  Yes  No

If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)?  Yes  No

Indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details.

- Asthma
- Epilepsy
- Type I Diabetes
- Type II Diabetes
- Heart disorders
- Allergies
- Deafness
- Other

Relevant Details:

**5. Physical Ailments:**

Indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details.

- arthritis or rheumatism
- spinal conditions
- orthopaedic conditions
- chronic nosebleeds
- fainting
- trick or lock knee
- dizziness
- headaches
- hernia
- swollen, hyper-mobile or painful joints

Relevant Details:

**6. Head or back conditions or injuries (in the past two years):**

Has your child/ward previously been diagnosed with a concussion?  Yes  No

How many times? \_\_\_\_\_ When was the last diagnosis? \_\_\_\_\_ (month/day/year)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity?

If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of Collingwood Trailblazer Basketball Club related physical activity, documentation of **medical examination** must be completed before the player returns to Collingwood Trailblazer Basketball Club activities that include but are not limited to, physical fitness activities, practices and competitions.

Please indicate any other medical condition(s) that will limit participation or that the team/program head coach should be aware of:

**I acknowledge and have read the *Waiver Agreement* and *Elements of Risk* notices as stated in the Trailblazers online registration system.**

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_