



Sherwood Park Bantam Rams Football Club Medical Form

Last Name: _____ First Name: _____

Date of Birth (dd/mm/yyyy): _____ Alberta Health Care Number: _____

Address: _____ City/Town: _____

Prov. __AB__ Postal Code: _____ Home Phone Number: (_____) _____

Email Address: _____ Date of Last Physical (dd/mm/yy): _____

Emergency Contact (Name): _____

Relationship (i.e. Father, Aunt): _____

Emergency Contact Phone Number: (_____) _____

Emergency Contact Address: _____

Family Doctor's Name: _____

Family Doctor's Phone Number: (_____) _____

Answer all of the questions below by answering YES or NO:

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

Heat Stroke/Cramps _____

Irregular Heart Beats _____

Infectious Mononucleosis _____

High or low blood pressure _____

Scarlett or Rheumatic Fever _____

A heart murmur _____

Tonsillitis/Sinusitis _____

Ear or Hearing Trouble _____

Coughed up blood _____

Difficulties with vision _____

Asthma _____

Frequent or Severe Headaches _____

Epilepsy or fits _____

Dizziness or fainting spells _____

"Stingers" or "burners" _____

Anemia or low iron _____

A Concussion or been "knocked out" _____

Loss of Memory _____

Motion sickness _____

Arthritis _____

Any mental illness _____

Diabetes _____

Skin rashes _____

Allergies _____

Any other medical illness _____

Have you ever had to stay in hospital overnight? If YES, what for?

Have you ever had any surgery? If YES, what for?

Have you ever had any broken bones? If YES, which bones?

Do you wear contact lenses or glasses? If YES, which do you play sports with?

Do you have an eye condition that requires a tinted visor while playing football? If YES, please attach note from doctor.

Have you seen a physiotherapist and/or chiropractor? If YES, what for?

Do you have any pins, plates or screws in your body from any bone or joint surgery? If YES, where? _____

Do you wear any dental appliances such as braces or a plate? _____

ARE YOU TAKING ANY MEDICATIONS? If YES, please list. _____

ARE YOU TAKING ANY SUPPLEMENTS? If YES, please list.

DO YOU HAVE ANY ALLERGIES TO MEDICATIONS? If YES, please list. _____

DO YOU HAVE ANY OTHER ALLERGIES (i.e. bees)? If YES, please list. _____

WHEN WERE YOUR IMMUNIZATIONS LAST UPDATED (Including Tetanus) (dd/mm/yyyy)

CHECK ANY OF THE AREAS THAT YOU HAVE INJURED IN THE PAST AND EXPLAIN THE INJURY BELOW:

Hand ___ Elbow ___ Neck ___ Hip ___ Shin/calf ___ Wrist ___ Knee ___ Foot ___

Arm ___ Chest ___ Thigh ___ Ankle ___ Forearm ___ Shoulder ___ Back ___ Neck ___

As the parent/guardian of _____, I am aware that participation in RAMS Football has some inherent risks and that injury can occur. On rare occasions these injuries can be serious. By signing the waiver forms and by filling out the attached medical form, I _____, authorize the trainers to treat my child accordingly and to activate emergency services as deemed necessary. I also agree to assume all risk and expenses due to an injury that may occur as a result of my child's involvement in competitive practices, games and/or travel to and from said activities.

I _____ being the guardian/parent of _____ hereby authorize the training staff, the coaches and/or representatives of Sherwood Park Bantam Rams Football Club to assist my child in the self-administration of Over The Counter (OTC's) medications as they deem appropriate for the health and welfare of my child. I also authorize these member of the Football Club to initiate any emergency care that includes, but is not limited to, transport by ambulance or acute care at a tertiary emergency facility. I understand it is my responsibility to provide any required prescription medication with my child's name, drug name and dosage on label.

I hereby certify the above information to be correct. I understand that I may require further evaluation by the Family physician or Emergency Medical Services prior to any participation (practices, training or games)**.

Athlete Signature: _____ Date: _____

Parent or Guardian signature:

Print Name:

Date:

***** The information contained on this medical form will be used by the designated Sherwood Park Bantam Rams Football Club Training staff in order to provide appropriate medical care. These records will be managed in accordance with the Health Information Act***