

## MEDICAL RELEASE AND HISTORY FORM

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

### Parent/Legal Guardian Information:

Parent/Legal Guardian \_\_\_\_\_

Street Name \_\_\_\_\_ House/Building Number \_\_\_\_\_

City-Province Code \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_ Office Number \_\_\_\_\_

### Player Information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any known Allergies:

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List of current Medications:

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**\*Allergies:** Please ensure your child has an epinephrine pen – as this may include an outdoor adventure.

**\*Asthma:** Please ensure your child has two (2) inhalers, one for your child to carry and one for the trip leader to carry.

**\*Diabetes:** Please check with your child's physician on insulin levels as there will be elevated activity throughout the trip.

Does your child have any medical implants? \_\_\_\_\_ Wear Contacts? \_\_\_\_\_ Pregnant? \_\_\_\_\_

Circle and explain all of your child's medical history (including but not limited to):

Asthma, Angina, Altitude problems, Allergic reactions, Back problems, Blackouts, Chest pains, Concussions, Diabetes, Drug reactions, Dislocations, Epilepsy, Heart conditions, Seizures, Unusual blood pressure

Please Explain:

Please explain any conditions that may limit participation in any tour event:

As the parent/legal guardian of \_\_\_\_\_, I request in my absence the above player be admitted to any hospital, dentist, and staff of duly licensed as Doctors of Medicine or Dentistry or licensed Nurses or medical technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

Parent/Legal Guardian Signature & Date: \_\_\_\_\_  
*By signing the medical release and history form you agree that you have accurately read and completed the above guidelines.*