



Medical and Allergy Summary Form

Prince Rupert 2010 Northern BC Winter Games

The Medical Services Directorate would appreciate your cooperation in providing the best possible medical care, should you require it at any time during the Games. **All Participants in the Prince Rupert 2010 Northern BC Winter Games MUST complete the Medical and Allergy Summary Form and return it TODAY.**

Please print clearly.

Name: _____ Birth Date: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Emergency Contact: _____ Phone (bus.): _____

Phone (res.): _____

BC Care Card Personal Health Number: _____

I am participating in _____ (sport) for Region _____

Medical Information

A. Allergies No []

If YES, please complete the Allergy Form on the next page

a) Diagnosed Food Allergies _____

b) Medication _____

c) Other _____

B. Significant Medical Conditions None []

(e.g. heart, lung or kidney disease, diabetes, asthma, epilepsy, etc.)

C. Prescription Medications (include dosage) None []

D. Therapeutic Diet Requirements (if Vegetarian, please define) None []

E. Do You Wear Contact Lenses? Yes [] No []

F. Do You Have A Disability? No [] If yes, please specify.

Notes

- A Medical Information Desk will be set up at the Accreditation Centre. If you have any questions/concerns, please discuss these with the Medical Services Directorate volunteers at Accreditation.
- We recommend you provide your Coach with a copy of this form.

Bring your Care Card with you to the Games.

Allergy Information:

Smoke No Yes, please specify _____

Pets No Yes, please specify _____

Medication (e.g. penicillin, aspirin, etc.) - I am allergic to:

Please provide details of the effects these medicines have on you and what treatment is prescribed should you ingest any of these.

Other (e.g. bees, pollen, etc.)

Please provide details of the effects these allergies have on you and what medicine and/or treatment is prescribed should you ingest or come in contact with any of these.

Additional Information: (use additional page if necessary)

Consent for Medical Treatment

Please sign below as consent for treatment at the Northern BC Winter Games Medical Clinic should the need arise. For minors (under 19 years of age), please have a parent or guardian sign.

Signature: _____

Print Name: _____

Relationship to Athlete: _____

Thank you for your cooperation. Have a safe and healthy Games.

Return Form to:

Medical Services – CONFIDENTIAL

Prince Rupert 2010 Northern BC Winter Games

Fax: 250-624-6687

Email: operations@2010northernbcwintergames.org