

NORTH TORONTO SKATING CLUB – MEDICAL INFORMATION FORM

SKATER'S NAME: _____

AGE: _____ BIRTH DATE: _____ MALE () FEMALE ()

MOTHER'S NAME: _____

FATHER'S NAME: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

MOTHER'S BUSINESS #: _____ FATHER'S BUSINESS #: _____

ONTARIO HEALTH CARD NUMBER: _____

DRUG ALLERGIES: YES () NO () LIST DRUGS: _____

OTHER ALLERGIES: _____

IMMUNIZATION UP TO DATE: YES () NO ()

DATE OF LAST TETANUS SHOT: _____

NAME & TELEPHONE # OF ANY OTHER PERSON TO CALL IN CASE OF AN EMERGENCY, IN THE EVENT THAT THE PARENT(S), GUARDIAN(S) CAN NOT BE REACHED:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE INDICATE ANY SPECIAL ADVICE OR REMARKS CONCERNING YOUR CHILD
