



ATHLETE MEDICAL INFORMATION SHEET

Name:
Date of birth (mm/dd/yyyy):
Address:
City:
Province: Postal Code:
Telephone: Cell:
Provincial Health Number:

Emergency contact

Name:
Relationship to Athlete:
Telephone: Cell:
Physician's Name:
Physician's Telephone:
Date of last physical exam (mm/dd/yyyy):

Before an athlete participates in any wrestling activity it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician.

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

- Medication: YES: [ ] NO: [ ] Please specify:
Allergies: YES: [ ] NO: [ ] Please specify:
Previous history of head or neck injuries and/or concussions: YES: [ ] NO: [ ] Please specify:
Fainting, seizures or epilepsy: YES: [ ] NO: [ ] Please specify:
Heart condition: YES: [ ] NO: [ ] Please specify:
Wears contact lenses during wrestling: YES: [ ] NO: [ ] Please specify:
Wears mouthguard or any other dental appliance: YES: [ ] NO: [ ] Please specify:
Hearing problem: YES: [ ] NO: [ ] Please specify:
Diabetes: YES: [ ] NO: [ ] Please specify:
Wears medical information bracelet: YES: [ ] NO: [ ] Please specify:
Recent surgery in the last 6 months: YES: [ ] NO: [ ] Please specify:
Admitted to the hospital in the last year: YES: [ ] NO: [ ] Please specify:
Known injury or medical condition that needs medical support during the event: YES: [ ] NO: [ ] Please specify:

I understand that it is my responsibility to keep WCL advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, WCL and the event HOC will arrange to take the Athlete to the hospital or a physician if deemed necessary. I hereby authorize the physician and medical staff to undertake examination, investigation and necessary treatment of the Athlete. I also authorize release of information to appropriate personnel as deemed necessary.

Date: Athlete Signature: Date: Parent / Guardian Signature: