



MEDICAL INFORMATION FORM

The information you provide will be kept in confidence and will only be shared on a “need to know” basis as set out in the RRSSC privacy policy.

Skater Name: _____

Provincial Medical Number: _____

Allergies (with reaction): _____

Doctor's Name: _____

Emergency Contact Name: _____

Emergency Contact Cell Number: _____

Emergency Contact Telephone Number: _____

Please complete the information below if the skater has any medical conditions that:

1. Requires the skater to take medication, and where the taking of these medications may be at times when the skater is at a practice, competition or other club event.
2. You feel that the coaches or those offering medical or other assistance should be aware.
