



MEDICAL FORM

By providing Gymnastics Canada with your health information, Gymnastics Canada will be more adequately prepared for potential medical situations. Please note that some information we ask on this form is **mandatory**. You may complete the entire form or parts of the form (*are mandatory).

*Name: _____

*Cellphone #: _____

Home Address: _____

*Email Address: _____

Emergency contacts:

*Relative Name: _____ Phone #: _____

*Relative Name: _____ Phone #: _____

Family Doctor Name: _____ Phone #: _____

Medical Status:

Medical conditions or health concerns (contact lenses, fainting, seizures, epilepsy, etc.):

Medication you must/should take daily (iron supplement, prescription drugs, insulin, etc.):

Do you have recent injuries or operations that might affect your participation?

*Do you have any allergies? (medications, food, animals, plants, pollens, bees, fragrances, etc.)



CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, and if applicable the parent/legal guardian of
(Please Print)

_____, give permission to the officials of Gymnastics Canada to make decisions concerning medical care and treatment and where necessary to authorize such care and treatment in emergency situations for the _____ competition year.

I understand that the officials of Gymnastics Canada will make every reasonable effort, in the circumstances, to contact the Emergency Contacts regarding my or my child's/ward's medical status in the event an emergency arises.

In the event that the Emergency Contact cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional, whose services might be required, to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward, and that I am fully informed as to the contents of this document.

Dated: _____, 20__

Athlete signature

Dated: _____, 20__

Parent/Guardian signature