



EMERGENCY CONSENT & MEDICAL HISTORY FORM
Timmins Ski Racers Inc. (TSR)
2015/2016 Season

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete the EMERGENCY CONSENT FORM below and return it with your registration. In the event of a medical emergency, the athlete's coach and this consent form will accompany your child to the hospital/clinic so that medical treatment can be rendered.

I/we hereby authorize the **TSR coaches** to give consent for all medical and/or surgical treatment that may be required for our child/children if we cannot be contacted to provide consent.

We understand the coach/person(s) in charge will use his/her best judgment in obtaining the best service for our child/children. We understand the cost of care will be our responsibility and we also understand that in the event of illness or accident, we will be notified as soon as possible.

October 1, 2015 until April 30, 2016

Child (athlete's) name: _____ DOB: _____

Ontario Health Card Number: _____

Physician: _____

Full Name and Address of Parent/Guardian: _____

Telephone Number of Parent/Guardian: _____

Home: _____ Work: _____ Cell: _____

Other Phone Numbers: _____

Signed, parent/guardian: _____ Date: _____

Please indicate with '*' your preferred first contact phone

I hereby give consent to the TSR coaches to administer prescribed medications as directed below in critical situations while awaiting further treatment by the Emergency Medical Services or other approved delegates.

Due to allergies in some athletes, the TSR racing chalet is a **designated peanut free area**. Please ensure that lunches and snacks are labelled as peanut free. Other allergy notifications will be communicated and posted as they become available.



MEDICAL RECORD

<u>Is the athlete subject to any of the following conditions?</u>	Yes	No
Asthma or other Chest Disorders	()	()
Eye Trouble, Ear Trouble or Deafness	()	()
Any known heart conditions	()	()
Stomach or Bowel Trouble	()	()
Diabetes or Kidney Trouble	()	()
Drug Reaction	()	()
Allergies	()	()
Any condition requiring regular or intermittent medication	()	()
Is there any history of broken bones or dislocations	()	()

If you have answered **YES** to any of the above questions please describe fully below (attach additional pages if needed). Feel free to comment on any additional medical information that you deem useful for the coaching staff:

All medical information is confidential and is needed only to alert coaching staff of any medical condition that may affect skiing ability or could be anticipated to require medical intervention while at the hill. Completed forms will be kept confidentially at the TSR Chalet and copies will accompany coaches to out of town races.

I hereby declare that the preceding information is to the best of my knowledge true and correct.

(Signature Parent/Guardian)

(Signature Athlete)

(Date)

(Parent/Guardian Please Print)

(Athlete Please Print)