



STUDENT-ATHLETE
GENERAL AND MEDICAL INFORMATION FORM

Full Name: (first, middle, last)

Current Address:

Birth Date: Alberta Health Care #:

Parent/Guardian:

Home Phone: Business Phone: Cell:

Emergency Contact Person: Phone (day): (night):

Family Physician: Office Location: Phone:

1. Is the individual presently under the care of a physician? Yes No

2. Is the individual presently receiving medication? Yes No

Please specify:

3. Please list all known allergies (food, medication, pets, etc.):

4. Blood Type (if known):

5. Do you wear contact lenses? Yes No

6. Do you have or had:

- a) rheumatic fever Yes No b) asthma Yes No
c) diabetes Yes No d) epilepsy Yes No

7. List any medical conditions or concerns influencing participation in activities:

8. Food restrictions:

9. Are there any other concerns which coaches should be aware of?

By signing this document, the student -athlete consents to the release of personal information in accordance with the Personal Information Protection Act. Your personal information is protected and can be reviewed upon request. If you have any questions about the collection or use of this information, contact the Athletic Director at 254-3728 or lightning.athletics@stmu.ab.ca .

Athlete Signature

Signature of Parent or Guardian if under 18 years of age