

SAUGEEN SHORES SKATING CLUB SKATER HEALTH FORM

Name _____		SC# _____		
Health Card #				
Date of Birth	Day	Month	Year	
Mother's Name				Phone
Father's Name				Phone
Alternate Contact				Phone
Medical Doctor				Phone
Dentist				Phone

MEDICAL INFORMATION	
Asthma	
Epilepsy	
Diabetes	
Abnormal Heart Condition	
Allergies to Drugs	
Serious Food Allergies	
Medications used Regularly	
Wears Contact Lenses	
Other Medical Concerns	

<p>I understand that it is my responsibility to keep the Saugeen Shores Skating Club advised of any changes to this information.</p> <p>I authorize the SSSC coaches or executive to seek appropriate emergency medical care for my child if I or my alternate contact cannot be reached.</p>	
_____ Parent's Signature	_____ Date