Special Olympics Richmond Local
2015 – 2016 Medical Form

☐ Athlete ☐ Volunteer

Name: ____________________ Phone: ____________________
Address: ____________________ Cell: ____________________
City: ____________________ Postal Code: ____________________ Born (mo/day/yr): ____________________
Email Address: ____________________ Sex: ☐ Male ☐ Female

Please indicate with an "X" the programs that you would like to participate in

☐ Active Start	☐ Bowling 10 Pin	☐ Fundamentals	☐ Sport Start - 5 Pin Bowling
☐ Aquatics	☐ Curling	☐ Rhythmic Gymnastics	☐ High Impact Club Fit
☐ Athletics	☐ Figure Skating	☐ Soccer	☐ Bocce
☐ Basketball	☐ Fitness Club Fit	☐ Soccer Development	☐ Executive
☐ Bowling 5 Pin	☐ Floor Hockey	☐ Softball	☐ Volunteer

Medical Information and History

Doctor: ____________________ Phone: ____________________ B.C. Care Card #: ____________________
Allergies: ☐ Food ____________________
☐ Drugs ____________________ ☐ Other ____________________
Tetanus Shot: ☐ Yes (Within ☐ 5 yrs ☐ 10 yrs) Asthma: ☐ Yes Heart Condition: ☐ Yes
☐ No ☐ No ☐ No
Diabetic: ☐ Yes ☐ No If Yes, treatment: ☐ Diet ☐ Pill ☐ Injection Schedule: ____________________
Other Medical (Describe): ____________________
Medication: (this schedule must be updated prior to any trips). Self Administered: ☐ Yes ☐ No
Name & Dosage: ____________________ Time: ____________________
Name & Dosage: ____________________ Time: ____________________
Name & Dosage: ____________________ Time: ____________________
Name & Dosage: ____________________ Time: ____________________
Name & Dosage: ____________________ Time: ____________________

Athlete only also answers this section:
Down Syndrome: ☐ Yes ☐ No If Yes, what is your Atlanto X-ray date: ____________________ ☐ Positive ☐ Negative
Seizures: ☐ Yes ☐ No If Yes, what type: ____________________ Frequency: ____________________
Treatment: ____________________
Cerebral Palsy: ☐ Yes ☐ No
Do you have or use any of the following:
☐ Glasses ☐ Hearing Aids ☐ Dentures ☐ Contact Lenses ☐ Other ____________________
Other Info: ____________________

Emergency Contacts

Contact 1: ____________________ Contact 2: ____________________
Phone: ____________________ Cell: ____________________ Phone: ____________________ Cell: ____________________
Relation: ____________________ Relation: ____________________

Regarding Personal Information posted on the web site at www.sobcrichmond.com

The following questionaire only gives authorization for the website. This will expire every year and not answering below will limit your personal information to the current standard of " first name, last name, initial, and no picture". Please decide "yes or no" and answer the following:

1. First name? If no, first initial of first name? ____________________
2. Last name? If no, first initial of last name? ____________________
3. Phone number? If yes, what number? ____________________
4. Email address? If yes, what address? ____________________
5. Picture of yourself? Please answer one: "Always Yes, Always No, Contact Me" ____________________

Personal Release: By signing below you acknowledge and give permission to Special Olympics BC – Richmond to use pictures and/or other electronic images of yourself for the purpose of promotional materials that the organization may utilize but not limited to printed material, web sites and videos/CDs/DVDs. Special Olympics Richmond values the privacy of its athletes and as such protects the confidentiality of your personal information

Signature of Myself, Parent or Guardian (circle one): ____________________

I acknowledge that all the information given on this form is correct to the best of my knowledge and that I will update this information if it changes

____________________ ____________________ ____________________
Signature of Myself, Parent or Guardian (circle one) *Name of person completing this form* *Date*