



Parry Sound Canoe Club

MEDICAL INFORMATION SHEET

Athlete Name:		
MEDICATION		
Has the athlete been on any medication in the past two months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the Athlete be taking any medication to practices or regattas with him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, can the athlete administer his/her own medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication:	Reason for Taking:	
Medication:	Reason for Taking:	
Medication:	Reason for Taking:	
ALLERGIES		
Does the athlete have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate allergen(s):	Type & Severity of Reaction:	Treatment:
1.		
2.		
3.		
INJURIES		
Has the athlete ever sustained injury within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Injury	Type & Severity of Injury	Treatment (Past & Current)
1.		
2.		
3.		
Please use this section to indicate any other issues/conditions you feel we should be aware of:		

Athlete Signature (if 18 years old or above): _____

Parent/Guardian Signature (if Athlete is under 18 years old): _____

Date: _____