

BCAQ Personal Health Form

Note to Parent/Guardian: The information on this form may be used by BCAQ representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed. You may be asked to review and update this form periodically throughout the year. By signing this form you authorize photocopies to be made of this form. Copies are kept with the chaperone and on the athletes when traveling for emergency purposes only.

Athlete's Information		
Athlete's Last Name:	Given Name:	Date of Birth:
Address:	City:	Postal Code:
Phone:	Cell:	Height:
email:		Weight:
Contact Information of Custodial Parent or Guardian		
Mother's Name:	Email:	
Address:	City:	Postal Code:
Home Phone:	Work Phone:	Cell:
Father's Name:	Email:	
Address:	City:	Postal Code:
Home Phone:	Work Phone:	Cell:
<i>In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf and has been notified that he/she has been granted this authority and may be contacted by a BCAQ representative".</i>		
Emergency Contact:	Email:	Relationship:
Address:	City:	Postal Code:
Home Phone:	Work Phone:	Cell:
Medical		
B.C. Care Card #:	Doctor:	Phone:
List allergies, medical conditions, illnesses, injuries or chronic illnesses:		
Is athlete on any medication?	If yes, explain:	
List carried medications: (eg. asthma pump, Epi-pen)		
Is the participant subject to any of the following?		
<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Respiratory ailments	<input type="checkbox"/> Arthritis <input type="checkbox"/> Convulsions
<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Ear trouble <input type="checkbox"/> Nightmares
<input type="checkbox"/> Other-please specify:		
Has athlete menstruated?	If not, has she been told about it?	
Does your child have any challenges or learning difficulties that the coach should be aware of. Please explain.		
<i>N.B Every care and attention will be given to the health and comfort of the participant. I hereby authorize a BCAQ representative to secure such medical advice and services (eg., contacting EMS/ambulance as may be deemed necessary for the health and safety of my daughter (or ward) during activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial health plan. This form is valid for one year.</i>		
_____ Signature of Participant (or custodial parent/guardian if participant is under provincial age of majority).		_____ Date