

**HALIFAX REGIONAL SPEED SKATING CLUB  
EMERGENCY CONTACT AND MEDICAL AUTHORIZATION FORM 2019/20**

<b>SKATER INFORMATION</b>	Skater birth date
Name	NS Health Card #
Address	Doctor's name
	Location
Phone	Phone

**EMERGENCY CONTACTS**

Name	Name
Phone (home)	Phone (home)
Phone (cell)	Phone (cell)

As the applicant, or parent (guardian) of the applicant, under circumstances described below, I hereby authorize the attending coach to secure such medical advice and services as may be deemed necessary for the health and safety of myself or my child (or ward). I agree to assume financial responsibility in excess of the benefits allowed by the Provincial Health Plan where:

I agree to assume financial responsibility in excess of the benefits allowed by the Provincial Health Plan where:

1. The health and well-being of the applicant is involved,
2. Medical advice has been such that further services are required or services which require the consent of the parent/guardian are required.
3. All attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian.

It shall be in the discretion of the attending coach as to what steps must be taken for the welfare and safety of the applicant.

Note: Every care and attention will be given to the health and comfort of the skaters but the coach-in-charge cannot be held responsible for any accidents that may occur.

Personal Health Record of skater	Height: _____ Weight: _____
List of allergies such as drugs, food, insect stings, grass, animals, etc. that the skater is subject to. Please give details of treatment should condition indicated occur and specify what medication coaches may give to skater.	
List any medication the skater is currently taking. In the event that the skater is traveling away from home with a team, indicate whether the medications should be kept by the skater or coach.	
Should the applicant develop a headache, temperature or vomiting, please indicate what medication the coaches may give by placing a check mark on the appropriate line(s).	___ ASA ___ Gravol ___ Tylenol Other _____
Please list any chronic conditions such as asthma, heart trouble, prone to ear aches, tonsillitis, nosebleeds, etc., of which the coach should be aware.	
<i>Notes illnesses, recent operations, injuries not included above of which the coaches should be aware</i>	
<i>Has there been any recent major crisis such as death in the family, separation or divorce that your child may still be coping with.</i>	

Note: To the best of my knowledge, the above skater is in good health and able to participate in this sport.

Signature of parent, guardian or skater, if adult    Date
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