



Saskatchewan Baton Twirling Association

Athlete Emergency Health Information 2009/2010

Athlete's Name: _____

Address: _____
Street City P.C.

Date of Birth: _____ Hospitalization # _____

Mother's Name: _____ Father's Name: _____

Phone (H) _____ Phone (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

Family Physician: _____ Ph _____

Family Dentist: _____ Ph _____

Date of last tetanus inoculation: _____

Please list any health concerns: _____

Please list any current medications: _____

Please list any allergies: _____

Does your athlete have an: EpiPen [] Inhaler []

Person to be contacted in case of an emergency if parents cannot be reached:

Name: _____ Relation: _____

(H) _____ (W) _____ (C) _____

I have reviewed the above information and it is complete and accurate to the best of my knowledge. In case I need emergency health care due to a sudden, potentially serious illness or injury and it is not practical for me to give my consent, I hereby give SBTA personnel my permission to arrange for medical care as is deemed necessary. I further authorize the SBTA First Aid Personnel to provide routine care for less serious injuries (ie. ice packs and tensor bandages). I understand and acknowledge that the information on this form will be maintained in the confidential records of the SBTA, and I consent to the SBTA using and/or disclosing this information in the event of it being medically necessary.

Signature: _____ Date: _____

Parent or Guardian must sign if athlete is under 18 years of age.