



# Saskatchewan Baton Twirling Association

## Athlete Emergency Health Information 2011/2012

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 [ ] Other \_\_\_\_\_

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.