



## MEDICAL INFORMATION

Registered in blocks?

NAME OF SKATER: \_\_\_\_\_

MEDICARE #: \_\_\_\_\_

### CONTACT IN CASE OF EMERGENCY

1. \_\_\_\_\_ TEL: (    ) \_\_\_\_\_

2. \_\_\_\_\_ TEL: (    ) \_\_\_\_\_

3. \_\_\_\_\_ TEL: (    ) \_\_\_\_\_

Illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

Needs an Epi-pen: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please have available for skating lessons.

Medications: \_\_\_\_\_

Does your child wear a Medic-Alert bracelet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the number and reason: # \_\_\_\_\_ Reason \_\_\_\_\_

Other useful information: \_\_\_\_\_

I, hereby authorize the C.P.A. Brossard to make, in case of emergency, necessary decisions to ensure the safety and security of my child and to obtain any advice or medical service needed from a clinic or hospital, if necessary. I accept any financial responsibilities that are otherwise not paid for by the Regime d'Assurance Maladie au Quebec.

Name of parent or tutor: \_\_\_\_\_

Signature of parent or tutor: \_\_\_\_\_

Dated: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

***The information requested on this form is very important.***

***The security of your child may depend on it.***