**Argyle Student-Athlete Medical Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Student |   | Gr. |  | Gender: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Care Card Personal Health No. |       | Birth Date (DDMMYY): |       |
| Name of Parent/Guardian |       |
| Address |       | Postal Code |       |
| Phone (m) |       | Phone (w) |       | Phone (H) |       |
| *Please note any physical or health condition, or other factors that may limit full participation in this program:* |
|       |
| *Has the student had a previous injury that would require special first aid treatment should another injury occur? Ie. Concussion, joint separation, fracture, bleeding* |
|      |
| *Does the student wear Contact Lenses* |  |

Student is subject to:

[ ]  asthma [ ]  eye infections [ ]  motion sickness [ ]  sinus problems

[ ]  bronchitis [ ]  fainting [ ]  muscle pulls

[ ]  dislocations [ ]  frequent colds [ ]  nose bleeds [ ]  sprains

[ ]  dizziness [ ]  headaches [ ]  seizures [ ]  tonsillitis

[ ]  ear aches [ ]  high blood pressure [ ]  sensitive skin

[ ]  kidney problems [ ]  severe allergies/anaphylaxis (to:     )

[ ]  Other conditions and/or \*further detail (describe below or attach separate sheet)

Alternate Emergency Contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone |       |
| Name: |       | Phone |       |
| Parent / Guardian Signature |       | Date |       |

|  |
| --- |
| Other Info: |
|       |