**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: |
|  |