



**Ocean Athletics Track and Field Club  
Athlete Medical Information & Emergency Contact**

To be completed by **new** members and by current members **who require updating** of their form.

Athlete Full Name: (first) (last)	Address: # street city postal code		
Phone Number: (home)	(cell)	(other)	

Doctor's Name:	Doctor's Number:
Care Card Number:	

**In Case of Emergency:**

Contact #1 Name:	Contact #1 Number(s):	Contact #1 Relationship:
Contact #2 Name:	Contact #2 Number(s):	Contact #2 Relationship:

Please list any medical conditions & protocols of which the Ocean Athletics Track and Field organization should be aware:

Please list any medications which the applicant is now or could be taking that could affect his/her performance (please explain):

Please list any allergies that may affect the applicant (drugs, food, insect stings, etc.):

Are there any chronic conditions of which the Ocean Athletics coaches & organization should be aware?

Diabetes   Epilepsy   Heart Trouble   Other:

Please specify the details of medication or treatment necessary:

To the best of my knowledge, the aforementioned applicant is in good health and the medical information is accurate. Should there be any changes in the physical condition of the applicant during the season that will adversely affect performance and training, I will inform the coach immediately.

Signature:	Date:
Signature of Applicant (Parent or Guardian if athlete under 20 years of age):	Date: