

# Woo Skate Club at Alice Noble Ice Arena 2010/2011

## Health Information and Emergency Medical Authorization

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City Zip

**Emergency contact between 3:30-6:00pm** \_\_\_\_\_ **Phone:** \_\_\_\_\_

❶ Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

City Zip

Phone : \_\_\_\_\_ ( if different from child's)

Email Address: \_\_\_\_\_

❷ 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

City Zip

Phone : \_\_\_\_\_ ( if different from child's)

### If neither parent/guardian is available in an emergency, notify:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City Zip

### Restrictions for My Child:

None: \_\_\_\_\_ Other: (please describe): \_\_\_\_\_

Medication(s): \_\_\_\_\_ For what Condition(s): \_\_\_\_\_

Instructions for Medication(s): \_\_\_\_\_

### HEALTH HISTORY

Please check if your child has had or does have any of the following:

	<u>Diseases</u>	<u>Allergies</u>
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy poisoning, etc.
_____ Convulsions	_____ German Measles	_____ Insect Stings
_____ Diabetes	_____ Mumps	_____ Penicillin
_____ Bleeding/Clotting Disorders	_____ Asthma	_____ Other Drugs or Food(s):
_____ Hypertension Mononucleosis		_____
_____ Psychiatric Treatment		_____

Operations/broken bones/serious injuries (please describe and give dates): \_\_\_\_\_

Disability or chronic/reoccurring illness: \_\_\_\_\_

### PARENT HANDBOOK

I/We have received & read a copy of the Alice Noble/Noble Kids Program Parent Handbook

(Signature of Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_