

BLUE SAINTS DRUM & BUGLE CORPS

P.O. Box 1302, Stn B, Sudbury, Ontario, P3E 4S7, 692-JOIN

MEDICAL INFORMATION FORM

2009-2010

Personal Information:

Name: _____ Sex: ___ Date of *Birth*: _____
(day/month/year)

Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

Doctor's Name: _____ Doctor's Phone #: _____

MEDICAL HEALTH CARD #: _____

Do you have any **allergies** to Medication or Food? YES NO
If yes, please explain _____

When was your last Tetanus Shot? _____

Are you allergic to insect bits or bee stings?	YES	NO
Have you ever had a blood transfusion?	YES	NO
Have you ever had Hepatitis?	YES	NO
Have you had a Hepatitis vaccination?	YES	NO
Do you have Asthma?	YES	NO
Are you Diabetic?	YES	NO
Are you Lactose Intolerant?	YES	NO

If you answered YES to any of the above questions, please give details: _____

Have you ever been hospitalized?	YES	NO
Have you ever had surgery?	YES	NO
Are you presently under a doctor's care?	YES	NO
Are you presently taking any medication including over the Counter non-prescription medications?	YES	NO

If you answered YES to any of the above questions, please give details: _____

Do you use any special equipment (braces, supports)	YES	NO
Have you ever sprained/strained, dislocated, fractured, broken, or have repeated swelling or other injuries of any bones or joints?	YES	NO
If you answered YES to any of the above, please give details: _____		

Do you have High Blood Pressure?	YES	NO
Have you ever passed out during or after exercise?	YES	NO
Have you ever been dizzy during or after exercise?	YES	NO
Have you ever had chest pain during or after exercise?	YES	NO
Have you ever been told that you have a Heart Murmur?	YES	NO
Have you ever had racing of your heart or skipped heartbeats?	YES	NO
If you answered YES to any of the above questions, please give details: _____		

Have you ever had a Head Injury?	YES	NO
Have you ever had a Seizure, "Fit" or Epilepsy?	YES	NO
Have you ever had Heat Cramps, Heat illness, or Muscle Cramps?	YES	NO
Do you have trouble breathing during or after exercise?	YES	NO
If you answered YES to any of the above questions, please give details: _____		

Additional Information: _____

DECLARATION:

I/We, the Parent(s)/Guardian of the above named, guarantee that I/we are fully covered by liability accident insurance and thereby absolve, and hold blameless, the Corps Director, Board of Directors, Executive, Management, Staff, Volunteers of the Blue Saints Booster Club and Blue Saints Drum and Bugle Corps in the event of accident, or any other misadventure. Furthermore, I/we promise to pay the cost of any medical care required by the participant not covered by Ontario Medical Insurance, AND, I/We authorize the Corps Director, Executive, Management, Staff or Volunteers to seek any medical assistance required while my child/ward is travelling, rehearsing with the Corps.

Parent / Guardian Signature

Date