



PARTICIPANT MEDICAL /  
NUTRITIONAL INFORMATION



*Coaches:*

*Please complete, scan and forward this form to the individual listed on the Coach's Information section of the website as soon as possible. Please request that all team members bring their Ontario Health Card with them.*

School Boys

School Girls

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical condition that we should be aware of including allergies or dietary restrictions.

Medical: \_\_\_\_\_

Allergies:  Gluten Allergy?  Peanut Allergy? \_\_\_\_\_

Dietary:  Vegetarian?  Vegan? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I/We authorize the Provincial Host Committee to administer emergency health care as required if efforts to contact the parent/guardian have proven unsuccessful.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please carry your health card with you.**