MEDICAL HISTORY DOCUMENT / EMERGENCY CONTACT INFORMATION / PARENTAL CONSENT		
Name of child :	Surname of child :	
MEDICAL HISTORY DOCUMENT (form SF-5)		
Medications		
Allergies		
Previous Injuries		
Do you carry and know how to administer your own medication (s)?		
Any other conditions (contact lenses):		
Doctor's Name and Phone Number:		
Dentist's Name and Phone Number:		
Health Insurance Number :		
I understand that, in the event that no one can be contacted, the Curling club staff or volunteers will admit my child to the hospital if deemed necessary. I also understand, that under no circumstances is the Curling Club or its staff or volunteers, liable or responsible for the treatment of said injured or ill player. I hereby authorize the physician and nursing staff on duty at any emergency unit to undertake examination, investigation and necessary treatment of my child.		
Parent or guardian's signature		
Print Name		
Date		
EMERGENCY CONTACT INFORMATION (form SF-4)		
Person to contact in case of emergency		
Daytime phone :	Evening phone :	Mobile telephone :
Alternate emergency contact		
Daytime phone :	Evening phone:	Mobile telephone :
PARENTAL CONSENT		
Consent to the use of photos of videos of curling on the website, press releases, promotional materials or written and electronic media reports for youth programs.		
I authorize my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.		
I do not authorize my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.		
I have read and agree to follow the concussion guidelines and return to play protocol as prescribed by the physician. The monitors make it a priority to ensure the safety of your children. Wearing a helmet is strongly recommended for all children 12 years of age and under.		
Signature parent / guardian :	Date:	