

Argyle Athletics Medical Form

Name of Student: _____

Grade: _____

Student E-Mail: _____

Student Cell Phone # : _____

Name of Parent/Guardian: _____

Parent E-Mail: _____

Phone (H) _____ (W) _____ (Cell) _____

Please note any medical conditions, health problems, physical restrictions, emotional or behavioural challenges, or other factors that may limit participation in Outdoor Education:

Please note any medications or specific first aid treatment that the teacher should be aware of for any of the above:

I certify that to the best of my knowledge, the information supplied on this form provides a full and accurate account of the required medical information about the above named student. I certify that the state of health of the above named student is such that he/she can undertake the activities included in the Course Outline and the Informed Consent documents for this course. I will empower the chaperones to authorize any emergency treatment required to the above named student until such time as contact has been made with his/her parents or guardians.

Parent/Guardian name : _____

Parent/Guardian signature : _____

Date: _____