



**2012 ATLANTIC GYMNASTICS CHAMPIONSHIPS  
GYMNASTICS EVENT MEDICAL RECORD & MEDICAL CONSENT  
FORM FOR PARTICIPANTS**

Participant's Name: \_\_\_\_\_ Prov/Terr: \_\_\_\_\_

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

Parent's Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

**Participants under 18**

I, \_\_\_\_\_ give permission for emergency medical/surgical care

(Parent or Guardian)

to be given by Canadian local practitioners / physicians as they see fit to select, to: \_\_\_\_\_ who is my son/daughter. It is understood that

(athlete)

wherever possible I shall be contacted, informed of the problem, diagnosis, treatment required and the hoped for result.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**MEDICAL INFORMATION FORM**

Name: \_\_\_\_\_ Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Health Insurance N°: \_\_\_\_\_ Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone N°: \_\_\_\_\_

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**MEDICAL ALERT**

Medications currently being taken: \_\_\_\_\_

Blood Type  Contacts  Asthma  Diabetes  Allergies  Epilepsy  Hearing Aid

Abnormal Heart  Dentures  Rheumatic Fever

History of Concussion: \_\_\_\_\_

General History: \_\_\_\_\_

Operations: \_\_\_\_\_

Illness: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Parts Taped: \_\_\_\_\_ Parts Braced \_\_\_\_\_