

BAR JO RANCH MEDICAL INFORMATION SHEET

Name: _____
Date of birth: Day ____ Month ____ Year ____
Address: _____
Postal Code: _____
Provincial Health Number: _____
Parent/Guardian #1: Name _____
Cell Number: (____) _____
Alternate Phone Number: (____) _____
Parent/Guardian #2: Name _____
Cell Number:(____) _____
Alternate Phone Number: (____) _____

Alternate emergency contact (if parents are not available)
Name: _____
Relationship to Player: _____
Telephone: (____) _____
Cell: (____) _____
Doctor's Name: _____
Telephone: (____) _____

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes/No Medication
Yes/No Allergies
Yes/No Previous history of concussions
Yes/No Fainting or seizure during or after physical activity
Yes/No Near fainting or Brownouts
Yes/No Seizures and/or epilepsy
Yes/No Wears glasses
Yes/No Are lenses shatterproof
Yes/No Wears contact lenses
Yes/No Wears dental appliance
Yes/No Hearing problem
Yes/No Asthma

Yes/No Trouble breathing during exercise
Yes/No Heart Condition
Yes/No Palpitations or Racing Heart
Yes/No Family history of heart disease
Yes/No Diabetes - Type 1 __ Type 2 __
Yes/No Wears medical information bracelet/necklace
For what purpose? _____
Yes/No Health problem that would interfere with participation on horseback
Yes/No Has had an illness that lasted more than a week and required medical attention in the past year

Yes/No Has had injuries requiring medical attention in the past year
Yes/No Been admitted to hospital in the last year
Yes/No Surgery in the last year
Yes/No Presently injured
Injured body part: _____
Yes/No Vaccinations up to date
Date of last Tetanus Shot: _____
Yes/No Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above.

Medications: _____
Allergies: _____
Medical conditions: _____
Recent injuries: _____
Any information not covered above: _____

I understand that it is my responsibility to keep Bar JO Ranch staff advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, ranch management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (staff, physicians etc.) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by Bar JO Ranch will be held solely for the purposes for which we collected it and in accordance with the