



Ontario School Curling PROVINCIAL CHAMPIONSHIPS

PARTICIPANT MEDICAL / NUTRITIONAL INFORMATION

Coaches:

Please have each participant 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 DON'T FORGET TO BRING YOUR HEALTH CARD WITH YOU.