MEDICAL HISTORY FORM

Name: _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY? Name:_____

Relationship: _____Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____Daytime Phone: _____Evening Phone:_____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING. If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper. Have you had (or do you presently have) any of the following?

	Circle One		Circle One
Head Injury (concussion, skull fracture)	Yes No	Fainting Spells	Yes No
Convulsions/epilepsy	Yes No	Neck or Back injury	Yes No
Asthma	Yes No	High Blood Pressure	Yes No
Kidney problems	Yes No	Hernia	Yes No
Diabetes	Yes No	Heart murmur	Yes No
Allergies (specify):	Yes No		
Injuries to:	Circle One		Circle One
Shoulder	Yes No	Knee	Yes No
Ankle	Yes No	Fingers	Yes No
Arm	Yes No	Other (Specify)	Yes No
Impaired vision	Yes No	Impaired hearing	Yes No
Other (specify)			
Have you had a recent tetanus booster?		If yes, give date:	
Are you current taking any medications?		If yes, list medication and why:	
Has a doctor placed any restrictions on your activities?		If yes, explain:	

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MEDICAL TREATMENT AUTHORIZATION

I authorize necessary medical care to be administered to: (skater)_____
during my absence or in the event I cannot be reached immediately. Any licensed medical facility and/or any designated physician is authorized to perform this treatment. I understand such treatment will be limited to those procedures deemed necessary by the attending physician to properly treat emergency conditions which may be less than life threatening, but which nonetheless require prompt attention and care.

Medical Insurance Company: _____ Name of Insured: _____Identification No. _____

Signature of skater: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Medical Insurance is covered through the SIG Professional Insurance Group. All students skating in The Ice Palace Skating Academy are required to have the insurance offered through the Skating Academy during the lesson programs, even if you already have a medical insurance covering your child.