



## Athlete's Medical Form ( Page 1 )

**All information in this form will be treated in the strictest confidence and will only be used by staff at JR Skiracing who are acting in loco parentis.**

1. Name of athlete.....
2. Home address .....  
.....
- 3 Telephone number(s) where Parent/Guardian may be contacted  
Home.....Mobile .....  
Mobile.....Relative .....
- 4 Recent surgery ?..Y / N ( if Y please supply further details ).....  
.....
- 5 Any known allergy to medications (penicillin etc) Y/N ( if Y please supply further details)  
.....
- 6 Is your child undergoing treatment by a doctor? Y/ N ( if Y please supply further details)  
.....
- 7 Does your child take any regular medication Y / N (if Y please give the name and check you son /daughter's medication against the Athletes Prohibited Drugs List on [www.list.wada-ama.org](http://www.list.wada-ama.org))  
.....
- 8 Medical Information and /or Restrictions which a doctor should know about before carrying out an examination eg. Asthma, allergies to insect bites, hypoglycemia etc ....  
.....
- 9 Dietary Information and / or Restrictions ie Vegetarian, Nut Allergies, Food Allergies, Diabetic etc  
.....
- 10 Are there any other problems that we need be aware of ?  
.....
- 11 Name of Family Doctor.....  
Address .....  
Telephone number .....
- 12 We sometimes do water-based activities –is your child a competent swimmer ? Y /N .....

# Athlete's Medical Form (cont Page 2 )

## Insurance Information

JR Skiracing does not provide cover for personal accident, illness, accident, loss or damage incurred by athletes. All athletes must have their own cover from a recognized insurance company offering cover for the sport of ski racing and training. ( a list of such companies can be found in our FAQs section )

I have insured my son / daughter as advised and enclose a copy of the insurance policy with this form.

Name of Insurance Company.....

Policy number .....

Signature ..... Print name .....

## Health Cover

All athletes will need to have an in-date E111 card in order to access medical facilities in Europe. Please ensure that this is with kept together with their passport.

## Passport

All athletes will need a current passport which is valid to dates beyond their return home date.

## Declaration

I have read the information issued in this document concerning the training camp run by JR Skiracing. I understand the nature of the activities to be undertaken and consider my child fit to take part. He/she does not suffer from any medical condition not stated above.

I hereby consent to the submission of the above named to emergency, medical or surgical treatment including, where necessary, the administration of a local, general or other anaesthetic.

Name of Parent / Guardian .....

Signature .....Date.....