

GENERAL INFORMATION

Eyeglasses

Contact lenses

Hearing aid

Dentures

Prosthesis

Other : _____

SURGICAL OPERATIONS

Indicate all major surgical operations undergone by the athlete as well as the date of each operation.

_____ Description	_____ Year	_____ Month	_____ Day
_____ Description	_____ Year	_____ Month	_____ Day
_____ Description	_____ Year	_____ Month	_____ Day

IN CASE OF EMERGENCY

_____ Name of family physician	() _____ Phone	_____ Date of the last medical exam
_____ Name of contact	() _____ Home phone	() _____ Cell or office phone
_____ Name of contact	() _____ Home phone	() _____ Cell or office phone

SOCIAL OR PSYCHOLOGICAL BEHAVIOURS

DOES THE ATHLETE HAVE SOCIAL OR PSYCHOLOGICAL BEHAVIOURAL PROBLEMS? YES NO

Describe the behaviour(s) :

Indicate the appropriate interventions for each behaviour :

MEDICAL AUTHORIZATION

I authorize Special Olympics Québec and/or its representative and any person in charge at a Social Services and Health Centre to take the necessary steps to ensure that the person mentioned above receives appropriate treatment in case of illness and/or accident. It is understood that I will be informed as soon as possible of any medical issues concerning this athlete.

With full knowledge of the facts, I hereby agree with these measures.

Parent or guardian signature

Date