VERTICAL ZONE™
TRAMPOLINE CLUB
TAKE FLIGHT

ATHLETE PERSONAL INFORMATION, HEALTH AND MEDICATION FORM

Name of athlete: _____ Date of birth: _____

Behavioural and/or Special Needs/ Health Concerns: _____

_____

How can we improve the athlete's experience? _____

_____

BEHAVIOURAL AND/OR SPECIAL NEEDS:

Does athlete require additional/ 1-1 support at school? YES □ NO □

If YES please specify frequency of additional/ 1-1 support: _____

**NOTE: Vertical Zone staff are not qualified to provide 1-1 support for athletes with special needs that require a high level of support. However, Vertical Zone welcomes the opportunity to partner with outside agencies who are connected to athletes with these needs, and who are trained and funded to provide the 1-1 support.*

Known food or drug Allergies: YES □ NO □ Reactions: YES □ NO □

If YES please specify: _____

_____

Does athlete require any medication or specialized health equipment? YES □ NO □

If YES, please fill out the remainder of the form in the appropriate section. If you answered NO please sign and return to the office staff.

MEDICATION INFORMATION:

Name and purpose of medication: _____

Dosage: _____ Method: _____ Time of administration/ frequency:_____

Specific instructions for medication administration (EG. Empty Stomach): _____

_____

MEDICATION INFORMATION (Continued):

Relevant side effects/ adverse reactions: _____

Plan of management for side effects: _____

Participant may self administer this medication: YES □ NO □

Parent/ guardian authorization: I hear-by authorize that medication be administered to my child as described above.

PARENT SIGNATURE: _____ DATE: _____

SPECIALIZED HEALTH EQUIPMENT INFORMATION:

Name and purpose of equipment: _____

Time/ Frequency of useage: _____

Specific instructions for staff: _____

_____

_____

_____

_____

_____

_____

Participant may use the equipment independently: YES □ NO □

Parent/ guardian authorization: I hear-by authorize that Vertical Zone staff are authorized to help my child use the specialized health equipment as described above.

PARENT SIGNATURE: _____ DATE: _____