



MANDATORY INFORMATION
ENCLOSED
PLEASE READ IMMEDIATELY!

2010 VARSITY MEDICAL FORMS
AND INFORMATION

NOTICE:

Please complete the enclosed documents and requirements prior to training camp if possible. Failure to meet all requirements by the end of dry-land training camp will result in you not being able to participate until the requirements are met, no exceptions!

You may start meeting requirements as of March 1, 2010. Do NOT Wait until the last minute!

INTRODUCTION

Welcome to the Sault Sabercats Football Club. We look forward to having a fun and successful and safe 2010 football season. The medical team is responsible for the safety of and provision of medical attention for all members of the football team.

In order for the medical staff to provide safe and effective services to you during your participation we ask that you please review this document completely, and promptly complete the pre-season requirements to avoid last minute confusion.

Should you have any questions regarding any of the medical requirements or medical services provided, please contact the medical director at (705) 253-3301 ext. 501.

PRE-SEASON REQUIREMENTS

All potential Sabercats Players must meet the following requirements **prior** to the first day of regular practices. We recommend that these requirements be met prior to or during training camp. You may start meeting these requirements as early as March 1.

REQUIREMENTS

1. Complete the Enclosed Health Information Forms
2. Complete a team medical assessment
3. Submit a signed copy of the parent acknowledgement (including athletes over 18 yrs of age)

Failure to meet these requirements will result in suspension from the team until the requirements are met, so please schedule your medical early.

To Schedule your medical assessment please call (705) 253-3301 ext. 501, or book online at www.mybookingcalendar.com/saultlimitedsportsinjuryclinic or email medical@saultsabercats.com

The fee for the medical assessment is \$20.00

INJURY POLICY

All injuries **must be reported to team medical staff.**

When an injury occurs during a practice, game or otherwise, the athlete is responsible to notify the medical staff on site immediately.

The medical staff will make the necessary medical referrals as indicated, or provide the appropriate medical care on-site or in office.

If required, the athlete will be referred to the **team physician** for further diagnostics or to the emergency department.

Note: If an athlete chooses to use their own care provider, the team is not responsible for any fees incurred. The team will also not accept notes from your own provider to return to play. The decision remains at the discretion of the team medical staff.

Return-to-Play Decisions

The *athlete's safety* is the first priority on the field. In the event that an athlete is determined not ready, either physically or psychologically to participate on the field of play, this decision must be respected. Only once the athlete obtains *approval or medical clearance by either team medical staff or the team physician*, may they resume play.

If the athlete is seeing a medical professional outside of the teams medical staff, they will be responsible to provide written documentation from the professional including the diagnosis, treatment rendered, and current injury status. At this time the athlete will be re-evaluated by the team medical staff and determination on return to play will be made based on the current condition and details provided from the professional.

TAPING POLICY

Athletic taping is the most common service for athletes. Although the skill of athletic taping seems simple, it is a key component to the injury treatment process, and may be beneficial in the treatment as well as prevention of injury.

Athletic taping will be provided at no cost to the athlete during practices or games if deemed medically necessary.

In the event medical staff deems the taping to be a non-medical necessity then the athlete will be responsible for the cost of \$2 per roll of tape.

Please do not ask for rolls of tape from the medical staff. We do not provide tape to athletes for other purposes other than for medical reasons.

There is absolutely NO spitting of the shoe with athletic tape or any other tape. Any athlete with excess tape on the shoe/ankle over the shoe will be required to remove it prior to entering the field area as this type of taping can result in serious injury or complication in the event injury does occur.

APPOINTMENT POLICIES

Pre-Season Medicals

As per the OVFL regulations and insurance policy, new athletes and returning players must undergo a health assessment **prior** to the season/training camp. This assessment will provide medical staff with a baseline health status of the athlete to ensure the safety of all participants. If the athlete is not deemed "fit to play" then they may be required to see the team physician or a specialist prior to playing.

It is the responsibility of the athlete to ensure that this appointment is booked with the medical team prior to the start of the regular practices.

Team Medicals are completed by the team medical staff **only**, based on a set criteria and guidelines adapted from the American College of Sports Medicine. Medical assessments completed by other health care providers will not be accepted.

Medical Services Appointments

Athletes may schedule appointments with the medical staff for various health and injury reasons throughout the season. Many of these appointments are no charge, or little charge. Athletes are responsible to attend their appointments on time, or re-schedule/cancel at least 24 hours in advance. Failure to do so will result in a \$25.00 no-show/late cancellation fee.

Physician Appointments

Athletes may **not** book their own appointments with the team physician. All appointments are arranged through the medical staff. Athletes are required to complete the physician's registration forms prior to attending, and must bring their health card to the appointment.

Missed or late appointments that incur a fee will be the responsibility of the athlete, and any associated charges will be directly billed to the athlete. The Sabercats will **not be responsible** for these charges.

Our team physician **does not** offer walk in clinic services, so athletes must have an appointment.

TEAM MEDICAL STAFF

For the 2010 Sault Sabercats season, the medical staff are as follows:

Medical Director/ Head Therapist	Tyler Mancuso, RN, BScN, BSc., Dip(ST), MStJ Registered Nurse Diploma (Sports Therapy)
Team Physician:	Dr. B. Shames, MD, Dip(SM) Physician Fellow (Sports Medicine)
Team Chiropractor:	Dr. J. Albert, D.C. Chiropractor
Student Trainers:	T.B.A.

MEDICAL INFORMATION FORM (2010)

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ HOME PHONE: _____ CELL: _____

EMAIL: _____ DATE OF BRITH: _____
DAY MONTH YEAR

OHIP NUMBER: _____ (*This number is REQUIRED in order to practice/play)

EMERGENCY CONTACT

IN THE EVENT OF EMERGENCY NOTIFY: _____ RELATIONSHIP: _____

TEL: _____ CELL: _____ WORK: _____

PRIMARY HEALTH CARE PROVIDER: _____ TEL: _____

MEDICATIONS AND ALLERGIES

Please list all current medications you are now taking (please include vitamins, supplements, prescription and over the counter preparations)

List any allergies you have (drugs, tape, insects, plants, foods, etc.) and describe what happens

Substance

Reaction

VACCINATIONS

Tetnus (date): _____ Measles/Mumps/Rubella (date): _____

Hepatitis B (date): _____

VISION AND DENTAL HISTORY

Do you?	Yes	No		Yes	No
1. Wear Glasses	<input type="checkbox"/>	<input type="checkbox"/>		During Sport?	<input type="checkbox"/>
2. Wear Contacts	<input type="checkbox"/>	<input type="checkbox"/>		During Sport?	<input type="checkbox"/>
3. Have any other vision trouble	<input type="checkbox"/>	<input type="checkbox"/>			
4. Wear a custom mouthguard	<input type="checkbox"/>	<input type="checkbox"/>			
5. Have Dentures/False Teeth	<input type="checkbox"/>	<input type="checkbox"/>			

MEDICAL HISTORY

Please answer every question in this section by checking YES/NO a member of the team medical staff will address any concerns based on your answers by contacting you for an appointment.

Have you ever had or you now have (check all that apply):

	YES	NO	Medical Team Notes
Smoking Habit			
Hepatitis			
Diabetes			
Heart Disease			
Kidney Problems			
Asthma			
Epilepsy			
Appendicitis			
Hernia			
Recurrent Headaches			
Concussions (# _____)			
Blurred or Double Vision			
Recurrent Nose Bleeds			
Dizziness			
Collapsed Lungs			
History of Chest Pain			
Shortness of Breath			
Irregular Heart Beat			
Heart Murmur			
Stomach Ulcer			
Jaundice			
Mononucleosis			
Intestinal Disorders			
Venereal Disease (STI)			
Back Pains			
Hives, Rashes, Skin Infections			
Mental or Nervous Disorder			
Loss of Consciousness			
Cysts, Tumors, Growths, Cancer			
Have you ever experienced a fainting episode?			
Have you experienced unintentional weight loss?			
Have you had excessive urination or thirst?			
Have you ever had a blood transfusion?			
Do you use Chewing Tobacco?			Frequency: _____
Do you smoke?			Frequency: _____
On average, how many alcoholic beverages do you consume weekly			
Has any member of your family died suddenly during sports participation?			
Has any member of your immediate family (father, mother, sister, brother) had any of the following illnesses?			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Goiter	<input type="checkbox"/> Gout	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Allergy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Mental
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Obesity	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Blood Disorder
			<input type="checkbox"/> Neurologic Disorder
			<input type="checkbox"/> High Blood Pressure
			<input type="checkbox"/> Other:
Explain:			

ORTHOPAEDIC HISTORY

Please answer every question in this section by checking YES/NO a member of the team medical staff will address any concerns based on your answers by contacting you for an appointment.

Have you ever had or you now have (check all that apply):

		YES	NO	Medical Team Notes	
Injured your head?					
Injured your neck?					
Injured your Shoulder?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured your Clavicle?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured an Upper Arm?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured an Elbow?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Forearm?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Wrist?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Hand?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Finger?	Digit: _____ Side: _____				
Injured your Abdomen?					
Injured a Rib?	Side: _____ <input type="checkbox"/> Front <input type="checkbox"/> Back				
Injured your back?	<input type="checkbox"/> Upper <input type="checkbox"/> Lower				
Injured your Hip?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Groin?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Thigh?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Hamstring?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Knee?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Lower Leg?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured an Ankle?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a Foot?	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Injured a toe?	Digit: _____ Side: _____				
Had Orthopaedic Surgery?				Specify:	
Had a Surgery for a bone or joint with the result that you have pin, plate or screws in your body?				Specify:	
Been Advised to have surgery but which has not yet been performed?				Specify:	
Been Advised not to have surgery				Specify:	
Head Injury History (Concussions)					
	Year	Sport	Any Loss of Consciousness	Were you Hospitalized?	Medical Team Notes
1					
2					
3					
4					
5					

CONSENT TO TREATMENT

Participating in competitive sports may result in injury. I hereby provide consent for the team medical staff to accept my son's consent to treatment as representation of consent on my behalf for any emergency care, rehabilitative care and if deemed necessary, ambulance transportation to the hospital during participation with the Sault Sabercats Football Club.

I understand that the team medical staff will review any emergency care or rehabilitative care with my son prior to treatment, and consent will be obtained verbally or in writing for all care administered.

I also understand that all care your son receives is confidential, and that information can only be released to the parent or legal guardian with the consent of the injured athlete. Further, I understand that the results of any injury assessment or intervention may be released to the team coaching staff, team staff or other allied health care professionals who may be supervising care for the athlete.

Further, I release the team medical staff providing any assessment or intervention, the facility, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from the emergency or rehabilitative care or assessment during their participation. I agree not to file a lawsuit or other action to assert a claim.

I have read and understand the consent, and I sign this without coercion or duress by any individual or institution.

Date: _____

Signature of Parent (if under 18): _____

Signature of Athlete: _____

CONSENT FOR RELEASE OF INFORMATION

I understand that it is important to keep the coaches, team staff and or other health care providers continuing my care informed of my current medical condition(s) and I hereby provide consent for the release of such information to any of the above mentioned individuals during the course of my participation with the Sault Sabercats Football Team.

Date: _____

Signature of Athlete: _____

CONSENT FOR MEDICATION ADMINISTRATION

In the event that that an athlete becomes injured or ill during practice, game or on the road trip, there may be the need to provide over-the-counter medications or emergency medication to provide symptom relief (i.e. muscle pain, nausea, allergic reaction).

Our medical team stocks the following medications and utilizes the medications for the following purposes:

Acetaminophen (Tylenol) for Headache/Acute Pain/Fever, **Ibuprofen** (Advil, Motrin) for Acute Pain and Inflammation, **Diphenhydramine** (Benadryl) for Upper Respiratory Allergies, skin irritation or minor allergic reactions, **Dimenhydrinate** (Gravol) for motion sickness, nausea and vomiting,

All medications are administered in ordinance with the manufacturers recommended doses and administration routes, as well as the College of Nurses of Ontario Medication Standards.

For the protection of all athletes, it is advised that athletes should not carry any over-the-counter preparations and should not share medications with other players to ensure proper assessment is completed and proper doses are administered by medical staff.

I consent for the medical staff to administer over-the-counter preparations in the event that the athlete exhibits the indicated symptoms as outlined above for the appropriate medication, and there are no contraindications or allergies to the medications outlined above.

Date: _____

Signature of Parent (if under 18): _____

Signature of Athlete: _____