**Form E-7 (supplement)**

# SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION
## Medical Certificate

*(Optional form to be filled out in conjunction with form E-7; signed by a doctor or other qualified medical professional and returned to your coach.)*

Name of Student: _____ Date of Birth: _____

The above named student intends to participate in the following sports:

☐ Badminton ☐ Basketball ☐ Cross Country
☐ Curling ☐ Football ☐ Golf
☐ Soccer ☐ Track & Field ☐ Volleyball ☐ Wrestling

1. Please identify the specific medical restrictions or limitations that may affect the student while participating in the above named sports:

| Description of restriction | Expected duration of restriction |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Is there any possibility that medication/procedure may have to be administered on an emergency basis while playing the above-named sports? Yes____ No_____

If Yes:
Name of Medication_____ Dosage _____

Description of circumstances under which medication should be administered:
_____
_____

Any other actions to be taken:_____
_____
_____

3. Please provide any additional information that you believe would be pertinent and beneficial in order to facilitate the student's participation in the sport/s:
_____
_____
_____
_____

Signature: _____

Date: _____

Name: _____
*(Please print/stamp your name)*

***If not a medical doctor***: I certify that I am a _____, and a duly licensed member
*(Profession)*
of a professional body in Saskatchewan and that my training and certifications permit me to diagnose, treat and provide medical information with regard to the condition of the above-noted student. _____
*(Initials)*