

MEDICAL INFORMATION SHEET

Player Name: _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Alternate Emergency Contact (if parents are not available)

Name: _____ Phone: _____

Provincial Care Card Number: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Regular medications: _____

Allergies: _____

Carries EpiPen YES NO

Please mark the appropriate response and provide details if you answer "yes" to any of the questions

YES NO Has previously had a concussion

YES NO Has ever fainted during exercise

YES NO Epileptic

YES NO Wears glasses or contacts

YES NO Wears dental appliance

YES NO Has hearing problems

YES NO Asthma

YES NO Trouble breathing during exercise

YES NO Heart Condition

YES NO Diabetic – Type 1 Type 2

YES NO Wears medical alert bracelet or necklace

YES NO Had an injury requiring medical attention in the last year

YES NO Has been admitted to the hospital in the last year

YES NO Had surgery in the last year

PLEASE GIVE DETAILS WITH DATES IF YOU ANSWERED "YES" TO ANY OF THE ABOVE

I understand that it is my responsibility to keep the team manager or coach advised of any change to the above information as soon as possible. In the event of a medical emergency during which the player's parents or alternate contact cannot be reached, team management will arrange to take my child to the hospital or physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake emergency examination and treatment of my child.

I hereby authorize release of the information contained in this form to appropriate personnel (coach, medical staff) as deemed necessary for medical reasons.

Signature of parent or guardian: _____

Date: _____