



CNN Spurs Minor Hockey Association

Medical Form

In case of an emergency, where your player requires medical attention, take this form to expedite medical attention. In an emergency, the parent/guardian will be contacted as soon as possible.

Player Information			
Last name	First Name	Birth Date (mm/dd/year)	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Address		Town, Province	Postal Code
Home Number	Cell Number (if applicable)	Personal Health Number	

Parent/Guardian Information		
First Parent/Guardian's Last Name	First Parent/Guardian's First Name	E-mail
Address (if different from player's)		Postal Code
Work Number	Home Number	Cell Number
Relationship to player <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):		
Second Parent/Guardian's Last Name	Second Parent/Guardian's First Name	E-mail
Address (if different from player's)		Postal Code
Work Number	Home Number	Cell Number
Relationship to player <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):		

Emergency Contact Information		
(Parent/Guardian will always be called first in cases of emergency)		
Name	Address	Phone
		Alternate Phone
Name	Address	Phone
		Alternate Phone

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

MEDICAL INFORMATION

Please **check box** if the condition applies to player

Yes

- History of concussions
- Fainting episodes during exercise
- Epileptic
- Wears glasses
- Wears contact lenses
- Wears a dental appliance
- Hearing problem, hearing aide(s)
- Asthma
- Trouble breathing during exercise
- Heart condition
- Diabetic
- Has had a serious illness in the last year
- Is on medication (please list below)
- Wears a medic alert bracelet or necklace
- Does player have a health problem that would interfere with physical exercise
- Surgery in the last year
- Has been in the hospital in the last year
- Has had any injuries requiring medical attention in the last year
- Presently injured

Please give any relevant information if you answered yes to any of the above.

Medication: _____

Allergies: _____

Medical Condition: _____

Last Tetanus Shot: _____

Is there any information not covered that Medical Staff should be aware of in case of an Injury/Emergency? If yes, please provide necessary information:

I authorize the release of this information to appropriate people (medical staff, emergency staff) as deemed necessary by the coaching staff.

Date: _____ Parent/Guardian Signature: _____