



EDMONTON RINGETTE
PLAYER MEDICAL INFORMATION

Player's Name _____ Date of Birth DD MM YYYY _____

Person To Be Contacted In Case of Emergency _____ Phone: Day _____ Evening _____

Alternate Contact _____ Phone: Day _____ Evening _____

Family Doctor _____ Phone _____ Alberta Health Care Number _____

Relevant Medical History:

Medications: _____

Allergies: _____

Previous Injuries: _____

Does the player carry and know how to administer his/her own medication? Yes ___ No ___

Other Conditions (braces, contact lenses, etc.)

I certify that all information to be complete and correct.

Signature _____ Parent or Guardian's Printed Name _____

Date _____

It is mandatory to keep a copy of this form for each player in the Managers Binder and on the bench during all games and practices.