



FORT SASKATCHEWAN RINGETTE ASSOCIATION PLAYER MEDICAL INFORMATION

Name

Date of Birth (D/M/Y)

Emergency Contact Name

Phone Numbers

Alternate Contact

Phone Numbers

Family Doctor Name / Phone Number

Alberta Health Care Number

RELEVANT MEDICAL HISTORY:

Medications

Allergies

Any Previous injuries

Does the player know how to administer her own medications? YES NO

Does the player wear glasses or contacts? If so, do the carry an extra set? YES NO

Does the player have any learning disabilities? (If so, please comment) YES NO

Signature of Parent/Guardian

Date

**PLEASE NOTE THAT ALL PLAYER MEDICAL INFORMATION IS KEPT CONFIDENTIAL.
ONLY THE HEAD COACH AND MANAGERS WILL HAVE ACCESS TO THIS INFORMATION. THANK YOU.**