

2018 / 2019

Player Medical Information

Name: _____ Date of Birth: _____

Person to be contacted in case of Emergency _____ Phone #'s _____

Alternate contact _____ Phone #'s _____

Family Doctor _____ Phone #'s _____

Alberta Health Care Number _____

Relevant Medications _____ Allergies _____

Medical
History Previous Injuries _____

Does the player carry and know how to administer her own medications? ___ Yes ___ No

Other Conditions (braces, contacts lenses, etc) _____

Team Emergency Action plan members: _____
