

# Red Deer Ringette - Medical & Emergency Info Form

*(All information will be kept strictly confidential, held by the head coach & shared with Medical Personnel if needed.)*

**Player Name (Full):** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Player Address:** \_\_\_\_\_  
\_\_\_\_\_ PC \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Parent Name(s) :** #1 \_\_\_\_\_

#2 \_\_\_\_\_

**Parent #1 Contact number:** (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

**Parent #2 Contact number:** (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact number:** (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

**Medical Insurance:** Provincial \_\_\_\_\_

Other Insurance \_\_\_\_\_

Subscriber \_\_\_\_\_

Dental Insurance \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO

**Doctor's Name, Address & Phone Number:**

**Wears Glasses:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Wears Contacts:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Allergies:** (Medications, Foods, Topical substances, Etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions:** (Epilepsy, Asthma, Diabetes, Cardio Vascular issues, Etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescription Drugs:** (Names, Dosage & Frequency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operations:** (When & Why)

\_\_\_\_\_  
\_\_\_\_\_

I certify that all information above to be complete and correct.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_