



**BC Ringette Association
Player Medical Information Form**

Full Name _____

Address _____

Telephone _____ Email _____

Date of Birth _____ Care Card# _____

Mother's Name _____ Contact Phone _____

Father's Name _____ Contact Phone _____

Person to contact in case of accident or emergency, if parents are not available.

Name _____ Contact Phone _____

Address _____

Please check the appropriate response below pertaining to your child (☑ ☒).

- | | |
|--|--|
| <input type="checkbox"/> Previous history of concussions | <input type="checkbox"/> Has allergies |
| <input type="checkbox"/> Fainting episodes during exercise | <input type="checkbox"/> Wears a medic alert bracelet or necklace. |
| <input type="checkbox"/> Epileptic | <input type="checkbox"/> Is presently injured. |
| <input type="checkbox"/> Wears glasses | <input type="checkbox"/> Has had surgery in the last year. |
| <input type="checkbox"/> Wears contact lenses | <input type="checkbox"/> Has been in the hospital in the last year. |
| <input type="checkbox"/> Wears dental appliance | <input type="checkbox"/> Has had injuries requiring medical attention in the past year. |
| <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Has had an illness lasting more than a week in the past year. |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Does your child have any health problem that would interfere with participation on a ringette team? |
| <input type="checkbox"/> Trouble breathing during exercise | |
| <input type="checkbox"/> Heart Condition | |
| <input type="checkbox"/> Diabetic | |
| <input type="checkbox"/> Medication | |

If you answered "yes" to any of the above items please provide as much detail as possible (use separate sheet if necessary).

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Date of last Tetanus shot: _____

Date of last complete physical examination: _____

* Any medical condition or injury problem should be checked by your physician before participating in a ringette program.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Signature of Parent or Guardian: _____

Date: _____