



## AA RINGETTE CALGARY Athlete Medical Information Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ A.H.C. # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

### RELEVANT MEDICAL HISTORY

Describe any medical concerns that the coaching staff should be aware of. ie. asthma, diabetes, etc.

\_\_\_\_\_

Medications \_\_\_\_\_

Allergies (Drugs, Antibiotics) \_\_\_\_\_

Allergies (Food/Beverage/Environment) \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Previous Injuries/Concussions \_\_\_\_\_

Major Operations \_\_\_\_\_

Contact Lenses: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

I, THE UNDERSIGNED PARENT (GUARDIAN), HEREBY GIVE MY PERMISSION FOR THE COACH, ASSISTANT COACH, MANAGER OR TRAINER TO AUTHORIZE SUCH EMERGENCY MEDICAL TREATMENT AS MAY BE REQUIRED.

Signature \_\_\_\_\_ Date \_\_\_\_\_