



SCOTIA STORM RINGETTE ATHLETE MEDICAL FORM

Athlete Information:

Name					
Team (e.g. U12A)					
Date of Birth					
MSI Number					
Address					
City		Postal Code		Prov	
Phone			Email		
Parent/ Guardian			Parent/ Guardian		
Phone			Phone		
Cell			Cell		
Work			Work		

Emergency Contact(s) if parent/guardian unavailable:

Name		Name	
Phone		Phone	
Address		Address	

Medical Information:

Doctor's Name		Phone	
Dentist's Name		Phone	

Allergies (medication, foods, etc.):

Medical conditions (Asthma, Diabetes, Epilepsy, etc):

Medications currently being taken: _____

Previous injuries and dates (concussions, neck injuries, sprains, etc.):

Please circle the appropriate response below pertaining to your child:

Fainting episodes during exercise? Yes/No

Had an illness lasting more than one week in the past year? Yes/No

Has been in the hospital in the last year? Yes/No

Has had injuries requiring medical attention in the past year? Yes/No

Any surgeries in the last year? Yes/No

Previous history of concussions? Yes/No

Has a heart condition? Yes/No

Wears glasses? Yes/No; If yes, are the lenses shatterproof? Yes/No

Wears contact lenses? Yes/No

Has hearing problems? Yes/No

Wears a medic alert bracelet or necklace? Yes/No

Wears a dental appliance, braces or retainer? Yes/No

Trouble breathing during exercise? Yes/No

Any health problems that would interfere with participation on a ringette team? Yes/No

Presently injured? Yes/No

Does your child have any other medical conditions we should be aware of? Yes/No

If you answered "Yes" to any of the above items, please provide details:

Declaration

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible. I also authorize release of information to appropriate people (coaching staff and physician) as deemed necessary. I hereby authorize the team staff or program volunteers to seek medical assistance when required for my child and for medical care to be administered.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible.

Parent or Guardian Print Name: _____

Signature of Parent or Guardian: _____ Date: _____