



**BEAUMONT RINGETTE
PLAYER MEDICAL INFORMATION**

Player's Name

Date of Birth- DD MM YYYY

Person to be contacted in case of an emergency

Phone Number

Alternative Contact

Phone Number

Relevant Medical History:

Medications: _____

Allergies: _____

Previous Injuries: _____

Does the player carry and know how to administer her own medication?

Yes _____ No _____ Epi Pen _____

Other Conditions (glasses, contacts, braces, etc) _____

I certify that all of the information is complete and accurate.

Signature of Parent of Guardian

Printed Name

Date

Please keep this form in the managers binder on the bench for all games and practices