



Player Medical Information

This form is CONFIDENTIAL once completed

Team

Last Name:

First Name:

D.O.B:

Health Card #:

Address:

Person to be contacted in case of an emergency:

Name:

Phone Number:

Name:

Phone Number:

Family Doctor:

Phone Number:

Date of last complete physical examination:

Before a player participates in an sports program, any medical condition or injury problem should be checked by that individual's family physician.

Please check off the appropriate response and provide details below if you answer "Yes" to any of the questions.

Previous history of concussions

Fainting episodes during exercise

Hearing problem

Asthma

Trouble breathing during exercise

Medication

Diabetic

Epileptic

Wears glasses

Are lenses shatterproof

Wears contact lenses

Wears dental appliance

Allergies

Wears a medical information bracelet or necklace

Has any health problem that would interfere with participation on a Ringette team

For what purpose?

Has had injuries requiring medical attention in the past year

Has had an illness that lasted more than a week and required medical attention in the past year

Has been admitted to hospital in the last year

Presently injured?

Surgery in the last year

Injured body part

Date of last Tetanus

Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary

Medications:

Allergies:

Medical Conditions:

Recent Injuries:

Any other information not covered

I understand that it is my responsibility to keep the team Trainer advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician 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.

Disclaimer: Personal information used, disclosed, secured or retained by Ringette Association of Burlington will be held solely for the purposes for which we collected it and in accordance with our Privacy Policy.

Date:

Signature:

By entering your name above, you agree that it is the equivalent to your handwritten signature.

Please download this form and save to your computer.
Fill it out and then submit as an attachment to your team Trainer, or just hand it to her/him directly.
This form is deemed CONFIDENTIAL once filled out.