

Coaches Medical Information Form

|  |
| --- |
| ANY CURRENT MEDICAL CONDITIONS: |
| ANY ALLERGIES: |
| ALBERTA HEALTH CARE NUMBER: |
| ANY INFORMATION MANAGER/CAREGIVERS SHOULD BE AWARE OF: |
|  I AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACHES, PHYSICIAN) AS DEEMED NECESSARY. |
| COACHES SIGNATURE: |