

**FOOTHILLS RINGETTE ASSOCIATION**

**Emergency Medical Form**

**Player Info**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First, Middle, Last) (YYYY/MM/DD)

Address: \_\_\_\_\_  
(Street, City, Province, Postal Code)

Home Phone: \_\_\_\_\_ Alberta Health Care: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Alternate Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**Family Doctor**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Relevant Medical History**

Medical Concerns: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Date of last tetanus Shot: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

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

Contact Lenses: \_\_\_\_\_ Glasses: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Any other Medical Issues: \_\_\_\_\_

If your child has asthma, inhalers must be on the bench at all times.  
If your child has severe allergies that require an epi-pen, the coaching staff must be made aware.

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. Medication must be provided to the coach when required.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_