



## FORT SASKATCHEWAN RINGETTE ASSOCIATION PLAYER MEDICAL INFORMATION

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Name

Date of Birth (D/M/Y)

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Emergency Contact Name

Phone Numbers

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Alternate Contact

Phone Numbers

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Family Doctor Name / Phone Number

Alberta Health Care Number

### RELEVANT MEDICAL HISTORY:

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Medications

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Allergies

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Any Previous injuries

Does the player know how to administer her own medications?                      YES      NO

Does the player wear glasses or contacts? If so, do the carry an extra set?      YES      NO

Does the player have any learning disabilities? (If so, please comment)              YES      NO

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Signature of Parent/Guardian

Date

**PLEASE NOTE THAT ALL PLAYER MEDICAL INFORMATION IS KEPT CONFIDENTIAL.  
ONLY THE HEAD COACH AND MANAGERS WILL HAVE ACCESS TO THIS INFORMATION. THANK YOU.**