



Player Medical and Information Sheet

Player's Name: _____

Date of Birth: _____

Health Card Number: _____

Address: _____	
Town: _____	Postcal Code: _____
Mother's Name: _____	Father's Name: _____
(M) Phone Number: _____	(F) Phone Number: _____
(M) Cell Phone Number: _____	(F) Cell Phone Number: _____
(M) Email Address: _____	(F) Email Address: _____

Player's Cell Number: _____ Player's Email Address: _____

Player Lives With: _____

Notes for custody if applicable: _____

People to contact in case of emergency, if parents are not available:

Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name _____ Phone Number _____

Brief Medial History:

History of concussions? yes no

If yes, does the player have a release from a Doctor to practice or play games? *HMR will need copy before the player can return to the ice.*

Epileptic? yes no

Any allergies? yes no

Wears glasses or contact lenses? yes no

Are lenses shatterproof?	yes	no
Hearing problem?	yes	no
Asthma?	yes	no
Heart condition?	yes	no
Medication	yes	no
Does your child have any health problem that will impact on their participation on the ringette team?	yes	no
If yes to any above, please give details: _____		
Is there anything else about your child's health or personality you would like the coaches to be aware of?		

Date of last physical exam: _____		

I understand that it is my responsibility to keep the Team Bench Staff and Manager advised of any change in my child's health or wellbeing as soon as possible and that in the event no one can be contacted, the Team Bench Staff or Manager will take my child to a hospital or doctor if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Signature of parent or guardian: _____

Date: _____

<i>HMR Executive Use:</i>	
Home Jersey # _____	Jersey Size _____
Visitor Jersey # _____	