



Innisfail Minor Lacrosse Association

PLAYER MEDICAL INFORMATION - CONFIDENTIAL

Full Name:	Birth Date:
Alberta Health Care Number:	

Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Phone Number:	Phone Number:

Family Doctor/Clinic	Family Dentist/Clinic
Name:	Name:
Phone Number:	Phone Number:

Alternate Emergency Contact #1	Alternate Emergency Contact #2
Name:	Name:
Phone Number:	Phone Number:

Allergies:

Any other medical/physical/emotional concerns that coaching staff need to know about to support your child in lacrosse this year?
