

KANATA GIRLS HOCKEY ASSOCIATION PLAYER HEALTH FORM

Confidential when completed. To be kept in the team First Aid kit so that the relevant medical information will be quickly available should the need arise.

KGHA Team: _____

Name: _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____

Provincial Health Number: _____

Parents/Guardians: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Date of last complete physical examination: _____

Please circle the appropriate response and **provide details** below if you answer **"Yes"** to any of the questions.

- | | | |
|-----|----|---|
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Wears glasses |
| Yes | No | Are lenses shatterproof |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart Condition |
| Yes | No | Diabetic – Type 1 _____ Type 2 _____ |
| Yes | No | Medication |
| Yes | No | Allergies |
| Yes | No | Wears a medical information bracelet or necklace |
| | | For what purpose? _____ |
| Yes | No | Has any health problem that would interfere with participation on a hockey team |
| Yes | No | Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes | No | Has had injuries requiring medical attention in the past year |
| Yes | No | Has been admitted to hospital in the last year |
| Yes | No | Surgery in the last year |
| Yes | No | Presently injured. Injured body part: _____ |
| Yes | No | Vaccinations up to date |

Date of last Tetanus Shot: _____
Yes No Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____
(include MEDICATION allergies) _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

We (parents) notify the trainer and team staff that our daughter does self-administer her medication indicated below and we give permission for the team staff to hold this medication during team practices and games. Team staff cannot administer medication.

Medication: _____	Frequency: _____
Medication: _____	Frequency: _____
Medication: _____	Frequency: _____

Parent/Guardian Signatures: _____

We (both parents and player) agree to advise the team staff of any change in the above information as soon as possible, and that in the event that no one can be contacted, team management will take the player to a hospital or a doctor if deemed necessary. We hereby authorize the release of this information to the appropriate people (coach, manager, physician, and other medical personnel) as deemed necessary.

Signed: Player: _____

Date: _____

Parent/Guardian: _____

Date: _____

Ongoing Injury information. Included injury, date, return to play, etc.

