



Kitchener Ringette Association Medical Information Form

The purpose of the Medical Information Form is ensure that, in the event of an emergency, your player's bench staff is equipped with contact information and medical history if required. The first page is especially important to provide contact information should there be no parent or guardian present at any team function. The second page is entirely optional and can be completed in full, in part where relevant, or none at all. Individuals who do not complete the second page of this form will not be denied participation of any team activity.

1. Player and Parent/Guardian information

_____	_____	<u>F / M / Other</u>
Child's Name	Child's Date of Birth (YYYY-MM-DD)	Sex

Health Card number		
_____	_____	
Parent/Guardian Name	Parent/Guardian Name	
_____	_____	
Home or Cell Phone	Work Phone	
_____	_____	
Address	Address	
_____	_____	
City, Province, Postal Code		

2. Emergency Contact (if parents/guardians not available)

_____	_____	
Emergency Contact	Emergency Contact	
_____	_____	
Home or Cell Phone	Work Phone	
_____	_____	
Address	Address	
_____	_____	
City, Province, Postal Code		

3. Medical Contact Information

_____	_____
Physician Name	Phone Number
_____	_____
Dentist Name	Phone Number



4. Medical Questionnaire

Please circle the appropriate response below. Again, this page is entirely optional and is intended to provide your coaches and trainer with helpful information in the event of an injury.

- | | | |
|-----|----|---|
| Yes | No | Previous history of concussion? |
| Yes | No | Fainting episodes during exercise? |
| Yes | No | Asthma or other respiratory concerns? |
| Yes | No | History of heart condition? |
| Yes | No | Diabetes? |
| Yes | No | Allergies. If yes, please list: _____ |
| Yes | No | Current or past injuries or surgery that may impact ability to play? |
| Yes | No | Medication you must take regularly (prescription drugs, insulin, etc.)? |

Please share further details if answered Yes to any of the above.

Are there any other medical concerns that you feel should be shared that has not been covered above?

I, _____, parent/legal guardian of _____,
(Please Print) (Please Print)

give permission to the officials and coaches of the Kitchener Ringette Association to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of the Kitchener Ringette Association will make every reasonable effort, in the circumstances, to contact me regarding my child's/ward's medical status in the event an emergency arises.

In the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional, whose services might be required, to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward, and that I am fully informed as to the contents of this document.

Dated: _____, 20__

Parent/Guardian signature