PLAYER MEDICAL INFORMATION SHEET

Name:						
Addres	ss:					
City / Province:				Postal Code:		
Telephone:			()			
Date of Birth:			Day:	Month: Year:		
Province	cial He	ealth #:				
Mother's Name				Home Phone: ()		
·				Work	Phon	e: ()
Father's Name				Home Phone: ()		
				Work Phone: ()		
Person to contact in case Name:			of accident or emergency, if p	oarents Phone		not available: _()
Addres	SS:	-				
Doctor's Name:				Phone: ()		
Dentist's Name:				Phone: ()		
Please	check	the appropriate	e response below pertaining to yo	ur child	l:	
YES	NO		,	YES	NO	
		Previous history	of concussions			Diabetic
		Fainting episode	es during exercise			Medication
		Epileptic				Allergies
		Wears glasses				Wears a medic alert bracelet or necklace
		Are lenses shatterproof?				Surgery in the last year
		Wears contact lenses				Has been in hospital in last year
		Wears dental appliance				Presently injured
		Hearing problem	n			Has had injuries requiring medical attention in the past year
		Asthma				Has had an illness lasting more than a week in the past year
		Trouble breathir	ng during exercise			Has a health problem that would interfere with participation on a hockey team
		Heart condition				
Please	give de	etails below if y	ou answered "Yes" to any of the	above i	tems.	Use separate sheet if necessary.

Medications:
Allergies:
Medical Conditions:
Recent Injuries:
Last Tetanus Shot:
Date of last complete physical exam:
Any information not covered above:
Any medical condition or injury problem should be checked by your physician before participating in a hockey program.
I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to hospital/M.D. if deemed necessary.
I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.
Date: Signature of Parent of Guardian:

