



Player Medical Information Sheet

Players Name: _____ Date of Birth: _____

Address: _____ Postal: _____ Phone: _____

Caregiver1: _____ Phone: _____ Work phone: _____

Caregiver2: _____ Phone: _____ Work phone: _____

Emergency Contact:

Name: _____ City: _____ Phone: _____

Doctors Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Please circle the appropriate response below pertaining to your child.

Yes	No	Previous history of concussions	Yes	No	Diabetic
Yes	No	Fainting episodes during exercise	Yes	No	An illness lasting more than a week in the past year
Yes	No	Epileptic	Yes	No	Medication
Yes	No	Wears glasses	Yes	No	Allergies
Yes	No	Are lenses shatterproof?	Yes	No	Wears a medic alert bracelet or necklace
Yes	No	Wears contact lenses	Yes	No	Surgery in the last year.
Yes	No	Hearing problem	Yes	No	Has been in hospital in the last year.
Yes	No	Asthma	Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Trouble breathing during exercise	Yes	No	Presently injured.
Yes	No	Heart Condition	Yes	No	Any condition that would interfere with participation in ringette

Please give details below if you answered "Yes" to any of the above items.

(Use separate sheet if necessary)

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____ Last Tetanus Shot: _____

Any information not covered above: _____

Date of last complete physical examination: _____ Year _____

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above named player, and with the understanding that every reasonable effort will be made by the team bench staff or designate to contact me, my signature on this form authorizes medical and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost not otherwise covered by any health insurance coverage I might have will be my responsibility.

Signature of Parent _____ Date _____