



## Okotoks Raiders Lacrosse Association

### Player Medical Information Sheet

Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone Numbers: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Person to contact in case of accident or emergency, if parents are not available:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

the appropriate response below pertaining to your child

Use separate sheet if necessary

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

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 or Guardian: \_\_\_\_\_

