



## Okotoks Minor Hockey Association

*"Practice and play like a champion today!"*

Box 1152 Okotoks, AB T1S 1B2

403.710-2213

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### COACHES MEDICAL INFORMATION FORM

ANY CURRENT MEDICAL CONDITIONS:

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ANY ALLERGIES:

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ALBERTA HEALTH CARE NUMBER: \_\_\_\_\_

ANY INFORMATION MANAGER/CAREGIVERS SHOULD BE AWARE OF:

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Emergency Contact Information

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

I AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACHES, PHYSICIAN) AS DEEMED NECESSARY.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_