



Okotoks Minor Hockey Association

"Practice and play like a champion today!"

Box 1152 Okotoks, AB T1S 1B2

403.710-2213

COACHES MEDICAL INFORMATION FORM

ANY CURRENT MEDICAL CONDITIONS:

ANY ALLERGIES:

ALBERTA HEALTH CARE NUMBER: _____

ANY INFORMATION MANAGER/CAREGIVERS SHOULD BE AWARE OF:

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

DATE: _____

SIGNATURE: _____