



# **Okotoks Oilers Athletic Association**

Box 954 Okotoks, Alberta T1S 1B1

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

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_