

PARTICIPANT EMERGENCY MEDICAL INFORMATION FORM



a copy of this form for each participant must be in the manager/coach binder and present on the bench for all games and practices

Participant name	Date of Birth (DD/MM/YYYY)
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Emergency Contact #1 name	Cell #	Alternate # (if applicable)
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Emergency Contact #2 name	Cell #	Alternate # (if applicable)
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Family doctor name (if desired)	phone #	Athlete Alberta Health #
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Relevant Medical information:

Medications	
Allergies	
Previous injuries/ major operations	
Conditions (e.g. epilepsy, diabetes)	

Does the participant carry medication? ☐ yes ☐ no

Does the participant know how to administer their own medication? ☐ yes ☐ no

Other important information (braces, contact lenses, etc.)

I certify that all information above is complete and correct. I, the undersigned participant/parent/guardian, hereby give my permission for the coach, assistant coach, manager, or trainer to authorize such emergency medical treatment as may be required.

Signature (participant, or if under 18, parent/guardian)	printed name	Date
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