



# Medical Form

Ringette Nova Scotia ensures the protection of all personal information collected below to be used and/or shared in an emergency only. All documents containing personal medical information will be destroyed at the conclusion of its intended purpose.

### Athlete Information

Full name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Date of Birth (dd/mm/yyyy): \_\_\_\_\_

### Athlete Medical Information

Please note: Athletes are required to bring their Health Card with them to events  
Health Card Number: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
List medications presently prescribed: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

### Medical History

Do you currently have an Injury or condition? YES or NO  
If YES please describe \_\_\_\_\_  
\_\_\_\_\_

Have you had any injuries or conditions in the past? YES or NO  
If YES please describe what and when \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Do you have any Allergies or dietary restrictions (food/scent/other): YES or NO  
If YES, please answer the following questions:  
List/Describe the Allergy: \_\_\_\_\_  
\_\_\_\_\_

Medication or actions to be taken for this allergy \_\_\_\_\_  
\_\_\_\_\_

Location of epipen or relevant medication (if applicable) \_\_\_\_\_

### Concussions

Have you ever been diagnosed with a concussion? YES or NO  
If YES, how many and when: \_\_\_\_\_

### Emergency Contact information

Emergency Contact #1 Full name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Emergency Contact #2 Full name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### Signatures

I have read and answered all sections to the best of my knowledge  
Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach any additional information or document(s) you feel RNS should have to assure a safe and healthy experience during your participation.