



SOUTH CALGARY RINGETTE TEAM NAME		
EMERGENCY MEDICAL INFORMATION		
PLAYER NAME		
ADDRESS		
POSTAL CODE		
PHONE NUMBER		
DATE OF BIRTH		
AHC #		
ADDITIONAL MEDICAL COVERAGE (Y/N)		
NEXT OF KIN		
RELATIONSHIP		
ADDRESS		
PHONE NUMBER		
FAMILY DOCTOR		
PHONE NUMBER		
RELEVANT MEDICAL HISTORY		
MEDICATIONS		
ALLERGIES (DRUGS, ANTIBIOTICS)		
ALLERGIES (FOOD/BEVERAGE)		
DATE OF LAST TETANUS SHOT		
PREVIOUS INJURIES		
MAJOR OPERATIONS		
CONTACT LENSES: (Y/N)		
DESCRIBE ANY MEDICAL PROBLEMS THAT THE COACHING STAFF SHOULD BE AWARE		
<p>I, THE UNDERSIGNED PARENT (GUARDIAN) HEREBY GIVE MY PERMISSION FOR THE COACH, ASSISTANT COACH, MANAGER OR TRAINER TO AUTHORIZE SUCH EMERGENCY MEDICAL TREATMENT AS MAY BE REQUIRED</p>		
NAME (PLEASE PRINT)		
RELATIONSHIP TO PLAYER		
SIGNED		
DATE		