



**South Calgary Ringette Association
Player Medical Information Form**

SOUTH CALGARY RINGETTE TEAM NAME	
<u>EMERGENCY MEDICAL INFORMATION</u>	
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	
<u>RELEVANT MEDICAL HISTORY</u>	
MEDICATIONS	
ALLERGIES (DRUGS, ANTIBIOTICS)	
ALLERGIES (FOOD/BEVERAGE)	
DATE OF LAST TETANUS SHOT	
PREVIOUS INJURIES	
MAJOR OPERATIONS	
CONTACT LENSES: (Y/N)	
If yes, type of lenses:	
DESCRIBE ANY MEDICAL PROBLEMS THAT THE COACHING STAFF SHOULD BE AWARE OF, E.G. EPILEPSY, DIABETES, MONONUCLEOSIS, ETC	
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	
NAME (PLEASE PRINT)	
SIGNED	
DATE	