



## Player Medical Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Person to be contacted in case of Emergency \_\_\_\_\_ Phone #'s \_\_\_\_\_

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Alternate contact \_\_\_\_\_ Phone #'s \_\_\_\_\_

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Family Doctor \_\_\_\_\_ Phone #'s \_\_\_\_\_

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Alberta Health Care Number \_\_\_\_\_

Relevant Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Medical

History Previous Injuries \_\_\_\_\_

Does the player carry and know how to administer her own medications? \_\_\_ Yes \_\_\_ No

Other Conditions (braces, contacts lenses, etc) \_\_\_\_\_

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Team Emergency Action plan members: \_\_\_\_\_

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**Note: Medical information is confidential. Only authorized individuals should have access to this card. Keep this card with the team at all times.**