



## Strathmore Minor Ringette Association Emergency Medical Form



### Player Info

Name:	_____	Birthdate:	_____
	(first, middle, last)		(YYYY/MM/DD)
Address:	_____		
	(Street, city, province, postal code)		
Home Phone:	_____	Alberta Health Care #	_____
Parent 1 Name:	_____	Phone:	_____
Parent 2 Name:	_____	Phone:	_____

### Alternate Contact

Name:	_____	Phone:	_____
Address:	_____	Relation to Child:	_____

### Family Doctor

Name:	_____	Phone:	_____
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### Relevant Medical History

Medical Concerns:	_____		
Allergies:	_____	Medications:	_____
Date of last tetanus shot:	_____		
Previous Injuries:	_____		
Major operations:	_____		
Contact Lenses:	Yes/No	Glasses:	Yes/No
Learning Disabilities:	_____		
Any other Medical Issues:	_____		
If your child has asthma, inhalers must be on the bench at all times.			
If you child has severe allergies that require an epi-pen, the coaching staff must be made aware.			

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. Medication must be provided to the coach when required.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_