



Swift Current Minor Hockey Association

Player Emergency Information Form

Player Name			Date of Birth	
Home Address				
Mother's Name			Cell	Work
Father's Name			Cell	Work
Emergency Contact			Relationship to Player	
Phone Numbers	Cell:		Work:	
Health Card Number				
Doctor	Tel	Dentist	Tel	

Important, please indicate all that apply to your child:

- | | |
|--|--|
| Yes No Previous history of concussions | Yes No Wears dental appliance |
| Yes No Fainting episodes during exercise | Yes No Wears glasses |
| Yes No Trouble breathing during exercise | Yes No Are lenses shatterproof? |
| Yes No Epileptic | Yes No Wears contact lenses |
| Yes No Hearing problem | Yes No Has had an illness lasting more than a week in the past year |
| Yes No Asthma | Yes No Surgery in the past year |
| Yes No Heart condition | Yes No Been in the hospital in the past year |
| Yes No Diabetic | Yes No Had injuries in the past year |
| Yes No Wears a Medic Alert bracelet/necklace | Yes No Any health problems that would interfere with playing hockey? |

If you answered YES to any of items above, please provide details:

Please list any allergies here: (medication, food, tape latex, etc)	
Is your child on any regular medication? Please list here:	
Date of last tetanus shot:	
Any other pertinent information?	

Prior to participating in a hockey program, your physician should check any medical condition or injury.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to a hospital/M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Parent/Guardian Signature		Date	
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