



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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