



MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____

Telephone: (____) _____

Provincial Health Number: _____

Parent/Guardian #1: Name _____

Phone Number: _____

Parent/Guardian #2 : _____

Phone Number: _____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player: _____

Telephone: (____) _____

Doctor's Name: _____

Phone Number: (____) _____

Dentist's Name: _____

Phone Number: _____

CHECK BOXES THAT ARE APPLICABLE TO PLAYER	NOTES
<input type="checkbox"/> Medication <i>*further details on next page</i>	
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Previous history of concussions	
<input type="checkbox"/> Fainting during or after physical activity	
<input type="checkbox"/> Seizures and/or epilepsy	
<input type="checkbox"/> Wears glasses	
<input type="checkbox"/> Wears contact lenses	
<input type="checkbox"/> Asthma or other respiratory issues	
<input type="checkbox"/> Heart Condition	
<input type="checkbox"/> Seizures (Current or previous history)	
<input type="checkbox"/> Recurring headaches or migraines	
<input type="checkbox"/> Diabetes Type 1: _____ Type 2: _____	
<input type="checkbox"/> Recent Injuries	



Please give details of any current medications that may be carried or require to be administered during games or practices:

Please give details of any recent injuries and/or injury treatment plans:

Any additional physical or mental health concerns to be aware of:

I understand that it is my responsibility to keep the coaches and manager advised of any change in the above information as soon as possible. In the event of a medical emergency, if no one can be contacted, the coaches and/or team manager will arrange to take my child to receive medical care if deemed necessary – this may include emergency services. I hereby authorize the physician and nursing staff to undertake examination, investigation, and necessary treatment of the child listed in this form. I also authorize the release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____

Signature of Player: _____

Date: _____

Signature of Parent or Guardian: _____