



## PLAYER MEDICAL INFORMATION SHEET

Player's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Business telephone numbers: Mother's \_\_\_\_\_ Father's \_\_\_\_\_

People to contact in case of emergency, if parents are not available:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Brief medical history:

Any allergies?	yes	no
Wears glasses or contact lenses	yes	no
Has asthma?	yes	no
On medication?	yes	no
Does your child have any health problem that will impact on their participation on the ringette team?	yes	no

If yes to any above, please give details: \_\_\_\_\_

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Is there anything else about your child's health or personality you would like the coaches to be aware of?

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Date of last complete physical exam: \_\_\_\_\_

I understand that it is my responsibility to keep the team management advised of any change in my child's health or wellbeing as soon as possible and that in the event no one can be contacted, team management will take my child to a hospital or doctor 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.

Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_