

#WeAreOne



PLAYER MEDICAL INFORMATION SHEET

PLAYER INFORMATION

Player Name: _____ Gender: _____

Date of Birth: _____

Health Card Number: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Parent 1: _____ Phone: _____

Parent 2: _____ Phone: _____

Emergency Contact if Parents are not available

Name: _____ Phone: _____

Relation to Player: _____

Doctors Name: _____ Phone: _____

RELEVANT MEDICAL HISTORY

Medications: _____

Allergies: _____

Previous Injuries: _____

Special Needs: _____

Other Relevant Information (braces, contact lenses, etc): _____

PARENT/GUARDIAN PLEASE READ CAREFULLY AND SIGN

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 that no one can be contact, team management will admit my child to the hospital if deemed necessary.

I hereby authorize the medical treatment which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment, and undue discomfort if delayed. I understand that every attempt will be made to notify me in the case of serious illness or emergency. In case of such failure I grant that my child may receive emergency medical treatment from any physician, hospital, or other medical centre without the necessity of notifying me. I also understand that any information provided will not be released without written permission except in an emergency situation, by court order, or by parental consent if under age 18. In the event that no one can be contacted in an emergency situation, team management will take my child to the hospital/M.D. if deemed necessary. This release form is complete and signed of my own free will for the sole purpose of authorizing medial treatment under emergency circumstances in my absence.

Name

Signature

Date