



PLAYER MEDICAL / INFORMATION SHEET

Category (please circle one)

Male U14 U15 U16

Female U14 U16 U18

Name: _____ Date of Birth: _____

Mailing Address: _____ Hometown: _____
Day Month Year

Province: _____ Postal Code: _____ Telephone (h): _____

*Email: _____ Telephone (o): _____

Secondary Email: _____

Provincial Health Number: _____ 2022-23 School Grade: _____

Height: _____ Weight: _____ Shot: _____ 2022-23 Team: _____

Position: (please circle) G D F

Parent/ Guardian Name: _____ Business Phone Number: _____

Parent/ Guardian Name: _____ Business Phone Number: _____

Person to contact in case of accident or emergency, if parents are not available.

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Please circle the appropriate response below pertaining to your child:

- | | | |
|-----|----|-----------------------------------|
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Wears Glasses |
| Yes | No | Are lenses shatterproof |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart Condition |

Yes	No	Diabetic
Yes	No	Has had an illness lasting more than a week in the past year
Yes	No	Medication
Yes	No	Allergies
Yes	No	Wears a Medic Alert Bracelet or Necklace
Yes	No	Does your child have any health problem that would interfere with participation on a hockey team
Yes	No	Surgery in the last year
Yes	No	Has been in hospital in the last year
Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Presently injured.

Please give details below if you answered Yes to any of the above items.

Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____ Date of Last Physical: _____

Any information not covered above: _____

Any medical condition or injury problem should be checked by your physician before participating in a hockey program.

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 hospital/MD if deemed necessary.

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

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

Date: _____ Signature of Parent or Guardian: _____