

DELTA RINGETTE PLAYER MEDICAL INFORMATION FORM

PLAYER INFORMATION	
Player Name	Date of Birth (D/M/Y)
Address	
City	Postal Code
Home Phone	
Care Card Number	

PARENT/ GUARDIAN INFORMATION	
Parent(s) or Guardian(s) 1	
Home Phone	Cell Phone
E-mail Address	
Parent(s) or Guardian(s) 2	
Home Phone	Cell Phone
E-mail Address	

EMERGENCY CONTACT INFORMATION	
Emergency Contact Name	Relationship
Home Phone	Cell Phone
Doctor's Name	Office Number
Dentist's Name	Office Number

MEDICAL INFORMATION		
Please Indicate with an X if any of the following conditions apply: (attach an explanation if necessary)		
<ul style="list-style-type: none"> • Asthma ____ Inhaler ____ • Seizures ____ • Concussion ____ • Chest Pain ____ • Broken Bone ____ • Dental Appliance ____ 	<ul style="list-style-type: none"> • Diabetes ____ • Headaches ____ • Fainting ____ • Heart Condition ____ • Glasses ____ • Medical Alert ____ 	<ul style="list-style-type: none"> • Epilepsy ____ • Blackouts ____ • Thyroid Disorder ____ • Joint injury ____ • Contacts ____ • Recent Surgery ____
<ul style="list-style-type: none"> • Allergies ____ (please describe) 		
<ul style="list-style-type: none"> • Regular Medications ____ 	<ul style="list-style-type: none"> • Date of last Tetanus shot(D/M/Y) 	

Please provide additional details for anything marked with an X or any information not covered above

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible. I hereby authorize the team staff, league or tournament officials to seek medical assistance when required and for medical care to be administered as needed.

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.

The Delta Ringette Association shall not be held responsible for any injuries sustained by the above named player during the participation in Ringette games or practices

Parent / Guardian Name: _____

Signature: _____

Date: _____