



**COQUITLAM-MOODY RINGETTE
PLAYER MEDICAL INFORMATION FORM**

Player Name:	
Division:	Date of Birth (D/M/Y)
Parent/Guardian 1:	
Cell Phone:	Email:
Parent/Guardian 2:	
Cell Phone:	Email:

Care Card #:	
Doctor's Name:	Phone:
Dentist Name:	Phone

Local Emergency Contact Info other than Parent(s)/Guardian(s) listed above	
Name:	Relationship:
Home Phone:	Cell Phone:

Medical Information - Please indicate with an X if any of the following conditions apply (provide detail)				
Asthma ___ Inhaler ___	Chest Pain ___ Broken Bone ___ Dental Appliance ___ Heart Condition ___	Headaches ___ Fainting ___ Glasses ___ Diabetes ___	Medical Alert ___ Epilepsy ___ Blackouts ___ Contacts ___	Thyroid Disorder ___ Joint injury ___ Recent Surgery ___
Allergies ___			Date of last Tetanus shot(D/M/Y)	
Regular Medications ___				
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 Coquitlam-Moody 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: _____