

COQUITLAM-MOODY 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 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: _____