

ROCKYFORD MINOR HOCKEY & RINGETTE ASSOCIATION

Box 5, Rockyford, AB T0J 2R0 Arena: 403-533-9903 www.rockyfordarena.org

EMERGENCY MEDICAL INFORMATION FORM

Name _____

Last

First

Middle

Address _____

Postal Code _____ Phone Number _____

Date of Birth _____ AHC# _____

Additional Medical Coverage _____

Next of Kin _____ Relationship _____

Address, same as above or _____

Phone Number, same as above or _____

Family Doctor _____ Phone Number _____

RELEVANT MEDICAL HISTORY

Medications _____

Allergies (Drugs, Antibiotics) _____

Date of Last Tetanus Shot _____

Previous Injuries _____

Major Surgeries _____

Contact Lenses: Yes _____ No _____ Type _____

Describe any medical problems the coaching staff of this team should be aware of (eg. epilepsy, diabetes, mononucleosis, etc)

PLEASE NOTE:

PARTICIPANTS WITH ANY HEALTH PROBLEMS REQUIRING REGULAR MEDICAL ATTENTION OR PHYSICAL CHECK-UPS, WILL BE REQUIRED TO PROVIDE DOCTOR'S APPROVAL IN WRITING TO TAKE PART IN THE SPORTS OF HOCKEY OR RINGETTE.

I, THE UNDERSIGNED PARENT (GUARDIAN) HEREBY GIVE MY PERMISSION FOR THE COACH, ASSISTANT COACH, MANAGER OR TRAINER TO AUTHORIZE SUCH EMERGENCY MEDICAL TREATMENT AS MAY BE REQUIRED.

SIGNED _____