

MEDICAL INFORMATION

PARENT/GUARDIAN EMERGENCY TELEPHONE NUMBER: _____

BC PERSONAL HEALTH CARD NUMBER: _____

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY (if parent/guardian 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	Has had an illness lasting more than one week in the past year
Yes	No	Fainting episodes during exercise	Yes	No	Allergies
Yes	No	Epileptic	Yes	No	Wears a medic alert bracelet or necklace
Yes	No	Attention Deficit Hyperactivity Disorder (ADHD)	Yes	No	Has health problems that would interfere with participation on a hockey team
Yes	No	Wears glasses or Contacts	Yes	No	Surgery in the last year
Yes	No	Are lenses shatterproof?	Yes	No	Has been in hospital in the last year
Yes	No	Wears dental appliance	Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Hearing problem	Yes	No	Is presently injured
Yes	No	Asthma	Yes	No	Is presently injured
Yes	No	Trouble breathing during exercise			
Yes	No	Heart condition			
Yes	No	Diabetic			
Yes	No	Medication if yes <i>please list</i> : _____			

PLEASE PROVIDE DETAILS BELOW IF YOU ANSWERED 'YES' TO ANY OF THE ABOVE

Last tetanus shot: _____

Any information not provided above: _____

In the event of a medical emergency, I hereby consent to the release of information in this medical section to an authorized medical professional so that he/she may start an examination on the above player in my absence.

NAME: _____

Please Print

X _____

Signature of Parent or Guardian

_____ Date