Athlete Medical Information Sheet

Name: ________________________________ Date of Birth: _________________________

Address: ____

Telephone: (home) ___________________________(cell) ___________________________

Health Card Number (Optional): ____

Parent/Guardian: _________________________________ Phone: ____________________

Parent/Guardian: _________________________________ Phone: ____________________

Emergency Contact: _______________________________ Phone: ____________________
(If parents are not available)

Please check the appropriate response.

Yes ☐ No☐	**Medication**	Yes ☐ No☐	**Palpitations or Racing Heart**
Yes ☐ No☐	**Allergies**	Yes ☐ No☐	**Family history of heart disease**
Yes ☐ No☐	**Previous History of Concussion**	Yes ☐ No☐	**Family history of unexpected death during physical activity**
Yes ☐ No☐	**Fainting or seizure during or after physical activity**	Yes ☐ No☐	**Family history of unexplained death of a young person**
Yes ☐ No☐	**Near fainting or Brownouts**	Yes ☐ No☐	**Diabetes – Type 1____ Type 2______**
Yes ☐ No☐	**Seizures and/or epilepsy**	Yes ☐ No☐	**Wears medical information bracelet/necklace: For what purpose? ____________________**
Yes ☐ No☐	**Wears glasses**	Yes ☐ No☐	**Health problem that would interfere with participation on a hockey/broomball team**
Yes ☐ No☐	**Are lenses shatterproof?**	Yes ☐ No☐	**Has had an illness that lasted more than a week and required medical attention in the past year**
Yes ☐ No☐	**Wears contact lenses**	Yes ☐ No☐	**Has had injuries requiring medical attention in the past year**
Yes ☐ No☐	**Wears dental appliance**	Yes ☐ No☐	**Been admitted to hospital in the last year**
Yes ☐ No☐	**Hearing problem**	Yes ☐ No☐	**Surgery in the last year**
Yes ☐ No☐	**Asthma**	Yes ☐ No☐	**Presently Injured** **Injured body part: ____________________**
Yes ☐ No☐	**Trouble breathing during exercise**	Yes ☐ No☐	**Vaccinations; Date of last Tetanus Shot: ________________________________**
Yes ☐ No☐	**Heart Condition**	Yes ☐ No☐	**Hepatitis B vaccination**

If you answered "yes" in any of the above, please give details (use separate sheet if needed).

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Medications: ____

Allergies: ____

Medical conditions: ____

Recent injuries: ____

Any information not covered above:

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I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted; team management will arrange to take my child to the hospital or a physician if deemed necessary. 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.

Date: ________________________ Players Signature: ____

Date: ________________________ Parents Signature: ____