

2019/2020 STORM SLEDGE HOCKEY
MEDICAL INFORMATION SHEET

Name: _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: _____

Alberta Health Care Number: _____

Mother's Name: _____ Father's Name: _____

Mother's PH # _____ Father's PH # _____

Emergency Contact: _____ Telephone: _____

Doctor's Name: _____ Telephone: _____

Medications: _____

Allergies: _____

Medical Conditions: _____

I understand that it is my responsibility to advise the trainer or manager of any change to the above information. I hereby authorize medical staff to undertake examination, investigation and necessary treatment of myself and/or my child. I authorize release of this medical information to appropriate people as deemed necessary.

Date: _____ Signature: _____

Under 18 years of age; Parent or Guardian Signature: _____