

2018/2019 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: \_\_\_\_\_