MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____Telephone: (____) _____ Cell: (____) _____

Provincial Health Number (optional): _____

Parent/Guardian #1: Name _____ Phone Number:(____) _____

Parent/Guardian #2: Name _____ Phone Number:(____) _____

Alternate emergency contact (if parents are not available)

Name: _____ Relationship to Player: _____

Telephone: (____) _____ Cell: (____) _____

Doctor's Name: _____ Telephone: (_____) _____

Dentist's Name: _____ Telephone: (_____) _____

Date of last complete physical examination: _____

*Before a player participates in a Hawks Hockey Club program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician.

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes	No	Medication
Yes	No	Allergies
Yes	No	Previous history of concussions
Yes	No	Fainting or seizure during or after physical activity
Yes	No	Near fainting or Brownouts
Yes	No	Seizures and/or epilepsy
Yes	No	Wears glasses Yes No Are lenses shatterproof
Yes	No	Wears contact lenses
Yes	No	Wears dental appliance
Yes	No	Hearing problem
Yes	No	Asthma
Yes	No	Trouble breathing during exercise
Yes	No	Heart Condition
Yes	No	Palpitations or Racing Heart

Name:_____

Yes No Family history of heart disease

Yes No Family history of unexpected death during physical activity

Yes No Family history of unexplained death of a young person

Yes No Diabetes – Type 1____ Type 2_____

Yes No Wears medical information bracelet/necklace For what purpose? _____

Yes No Health problem that would interfere with participation on a hockey team

Yes No Has had an illness that lasted more than a week and required medical attention in the past year

Yes No Has had injuries requiring medical attention in the past year

Yes No Been admitted to hospital in the last year

Yes No Surgery in the last year

Yes No Presently injured Injured body part: _____

Yes No Vaccinations up to date Date of last Tetanus Shot:_____

Yes No Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

_____

_____

_____

Medications:_____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

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: _____ Signature of Player: _____

Date: _____ Signature of Parent or Guardian: _____ Disclaimer: Personal information used, disclosed, secured or retained by Hawks Hockey Club will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hawks Hockey Club own Privacy Policy.