



Medical Information Form

Player Last Name _____

Player First Name _____

Player Address _____ City _____

Province _____

Date of Birth _____ Home Phone # _____

Alberta Health Care # _____

FOR EMERGENCY NOTIFY:

Emergency Contact Name _____

Relationship _____

Contact Address _____

Contact Cell # _____

Alternate Contact Name _____

Alt Contact Relationship _____

Alt Contact Address _____

Alt Contact Cell # _____

Family Doctor's Name _____

Medical alerts that coaches need to be aware of (i.e. allergies, surgeries, seizures, etc..) :

Is Player required to carry medicine such as asthma inhalers, Epi Pen, etc... (if so, please give details)

or