

# MEDICAL FORM

**PLEASE PRINT & BRING TO FIRST PRACTICE** *(ONLY APPLIES TO ATHLETES CHOSEN TO A TEAM)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*yyyy/mm/dd*

Person to be contacted in Case of Emergency: \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Alternative Contact: \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

## Relevant Medical History

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous injuries: \_\_\_\_\_

Does the participant carry and know  
how to administer own medications?

Yes:

No:

Other conditions: (braces, contact lenses, etc.) \_\_\_\_\_

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*Note: Medical information is confidential. Keep this card with the team at all times. These cards should not be available to other than authorized individuals.*