



Elliot Lake Minor Hockey Player Contact & Medical Information Collection Sheet

Please fill in the information below and return this sheet to the coaches as soon as possible.

Player's Name:		Health Card #:	
Date of Birth	Day:	Month:	Year:
Address:			
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	
Date of last complete physical examination:			
Note: Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.			
Please list any medications the player is currently taking:			
Please list any allergies to food, medicine, etc.:			
Please list any medical conditions or recent injuries:			
Primary Parent/Guardian Contact			
Name:			
Phone:		Alternate Phone:	
Email			
Secondary Parent/Guardian Contact (Optional)			
Name:			
Phone:		Alternate Phone:	
Alternate Emergency Contact			
Name:			
Phone:		Alternate Phone:	
Relationship to player:			

Please turn this document over and complete the other side.



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

- Yes No Previous history of concussions?
- Yes No Fainting episodes during exercise?
- Yes No Epileptic?
- 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 Diabetic? Type 1 _____, Type 2 ____
- Yes No Wears a medical information bracelet or necklace?
For what purpose? _____
- Yes No Has any 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 Has been admitted to hospital in the last year?
- Yes No Surgery in the last year?
- Yes No Vaccinations up to date? Date of last Tetanus Shot: _____
- Yes No Hepatitis B vaccination?

Please provide additional details if you answered "Yes to any of the above. Use a separate sheet if necessary:
Any information you wish to provide not covered above:

I understand that it is my responsibility to keep the team Hockey Trainer 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 Parent or Guardian: _____