



## 2019 Medical Information & Waiver

Name: \_\_\_\_\_

DOB: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Health Card Number \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Contact# \_\_\_\_\_

### Medical Information

Last physical examination: \_\_\_\_\_

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

Yes No Do you have a previous history of concussions?

Yes No Do you have fainting episodes during exercise?

Yes No Are you epileptic?

Yes No Do you wears glasses or contact lenses?

Yes No Are your lenses shatterproof?

Yes No Do you wear a dental appliance?

Yes No Do you have hearing problems?

Yes No Do you suffer from asthma

Yes No Do you have trouble breathing during exercise \_\_\_\_\_

Yes No Do you have any heart conditions? \_\_\_\_\_

Yes No Are you diabetic? Type 1 \_\_\_ Type 2 \_\_\_

Yes No Do you have any allergies? \_\_\_\_\_

Yes No Do you carry an epi-pen? \_\_\_\_\_

Yes No Do you wear a medical info bracelet or necklace?  
For what purpose? \_\_\_\_\_

Yes No Do you have any health problems that would  
interfere with participation on a hockey team? \_\_\_\_\_

Yes No Have you had any illness that lasted more than a  
week and required medical attention in the past year? \_\_\_\_\_

Yes No Have you had injuries requiring medical attention  
in the past year? \_\_\_\_\_

Yes No Have you been admitted to hospital in the last year? \_\_\_\_\_

Yes No Have you had surgery in the last year? \_\_\_\_\_

Yes No Are you presently injured? Injured body part: \_\_\_\_\_

Yes No Have you had your Hepatitis B vaccination?

Date of last Tetanus shot \_\_\_\_\_

Please list any medications/Prescription Drugs that you are currently taking

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**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, nursing and training staff to undertake examination, investigation and treatment of my child.**

**I also authorize the release of information to appropriate people (trainer, coach and physician) as deemed necessary.**

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_