Medical Information Sheet
(Additional sheets available if required)

Last Name First Name & Initial	Birth Date: Day Month Year _____/ _____/ _____
Address	**Postal Code**
	Cell Number
Home Telephone #	Emergency Number (Parent)
Provincial Health Number:	Employer/company (optional)
Mother/Guardian Name	Mother/Guardian Daytime Phone #
Father/Guardian Name	Father/Guardian Daytime Phone #

Person to contact in case of Emergency (if parents not available):

Last Name First Name	Relationship to Athlete
Telephone Number:	**Address:**

Doctor's Information:

Name:	Phone:

Please check the appropriate responses below, pertaining to your child:

Fainting episodes during exercise	☐ Yes	☐ No	Epileptic	☐ Yes	☐ No
Wears contact lenses	☐ Yes	☐ No	Hearing Problems	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	Trouble breathing during exercise	☐ Yes	☐ No
Heart condition	☐ Yes	☐ No	Diabetic	☐ Yes	☐ No
Medication	☐ Yes	☐ No	Allergies	☐ Yes	☐ No
Wears a Medic Alert Bracelet/necklace	☐ Yes	☐ No			
Surgery within last year	☐ Yes	☐ No	Hospitalized within last year	☐ Yes	☐ No
Injury requiring medical Attention within last year	☐ Yes	☐ No	Presently injured	☐ Yes	☐ No

If yes to any of the above, please provide further details to help us administer proper care until the parent/guardian is contacted.

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