



STRICTLY CONFIDENTIAL



MEDICAL INFORMATION SHEET

Player Name: _____ Year of Birth: _____

Address: _____

Provincial Health Number: _____

Parent/Guardian Information:

Mother

Father

Other*

Name: _____

Home Phone: _____

Cell Phone: _____

Medical Condition(s) that the AHA and Coaching staff should be made aware of (along with actions which may be required):

Person to contact in case of emergency: _____

Signature: _____ Date: _____

Receiving Head Coach: _____ Date: _____

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