



**MEDICAL INFO FORM  
2009-2010 SEASON**

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## **MEDICAL CONTACT INFORMATION**

**NAME:**

**DOB:**

**PHN (Care card):**

**DOCTOR:**

**PHONE:**

**DENTIST:**

**PHONE:**

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## **EMERGENCY CONTACT INFORMATION**

**Name:**

**Phone:**

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**Any medical condition or injury problem should be assessed by your physician before participating in a hockey program**

I, the undersigned, understand that it is my responsibility to keep my team rep and/or executive advised of any pertinent changes regarding my health and medical information.

In the event of a medical emergency and that my emergency contact cannot be reached, the team rep and/or assigned teammate(s) will transport me or arrange for transportation for me to the hospital if deemed necessary.

I also authorize the release of relevant medical information to appropriate NIHFA personnel as required and deemed relevant, such as a copy of this form to be provided to the team leader or coach, to keep on file in case of emergency.

I finally authorize medical staff to undertake proper examination and treatment of my person as required.

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Nanaimo Islanders Female Hockey Association**



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## HEALTH & INJURY HISTORY

Health Item -	YES/NO - Elaborate
Concussion history	
Fainting during exercise	
Epileptic episodes	
Glasses while playing	
Shatterproof lenses	
Contact lenses	
Dental appliance	
Hearing problem	
Asthmatic	
Breathing difficulty during exercise	
Heart condition	
Diabetic	
Week-long illness in past year	
Surgery in past year	
Hospitalized in past year	
Medical attention required in past year	
Medication	
Allergies	
Medic Alert	

*Any other pertinent medical information:*


**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**