



MANVERS MINOR HOCKEY ASSOCIATION

MEDICAL FORM

Player's Information

First:	Last:	DOB (MM/DD/YYYY):
Emergency Contact:		Phone #:
Doctor's Name:		Phone #:
Dentist Name:		Phone #:

Please check the appropriate response:

Yes	No		Yes	No	
		Medication (taken regularly at home)			Previous history of concussions
		Allergies			Fainting episodes during exercise
		Wears glasses			Seizures and/or Epilepsy
		Are lenses shatterproof			Trouble breathing during exercise
		Wears contact lenses			Heart Condition
		Wears dental appliance			Family History of Heart Disease
		Asthma			Diabetes: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>
		Wears a medical information bracelet or necklace. Explain:			Has had injuries requiring medical attention in the past year
		Has any health problem that would interfere with participation on a hockey team			Surgery in the last year.
		Has had illness that lasted more than a week and required medical attention in the past year			Presently injured. Explain:

Date of last Tetanus Shot: _____

Please give details below if you answered "Yes" to any of the above items. (Please use a separate sheet if necessary)

I understand that it is my responsibility to keep the team Hockey Trainer advised of any changes 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 child to the hospital or 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.

Signature of Parent/Guardian or Player (18 years old)

Date