



WEST OTTAWA RINGETTE ASSOCIATION

MEDICAL FORM
2011-2012 SEASON

Please note: This form is intended to be a communication tool between the player, parent and bench staff.

Player Name _____ Date of Birth (dd/mm/yy): _____

Telephone : _____

Mother's Name: _____ Work Number _____
Cell Number _____

Father's Name: _____ Work Number _____
Cell Number _____

Alternate Emergency Contact (if parents are not available)

Name: _____ Telephone: _____

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

Yes	No	Previous History of concussions
Yes	No	Fainting episodes during exercise
Yes	No	Epileptic
Yes	No	Wears Glasses
Yes	No	Are lenses shatterproof
Yes	No	Wears Contact Lenses
Yes	No	Wears dental appliance
Yes	No	Hearing Problem
Yes	No	Asthma
Yes	No	Trouble breathing during exercise
Yes	No	Heart Condition
Yes	No	Diabetic -- Type 1 _____ Type 2 _____
Yes	No	Medication
Yes	No	Allergies
Yes	No	Wears a medical information bracelet or necklace
		For what purpose?
Yes	No	Has any health problem that would interfere with participation on a Ringette team



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Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary.

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries _____

Any information not covered above: _____

For your information, a female member of your team's bench staff will always be on the bench during games.

Please sign and date this form and return it to your team manager as soon as possible.

Signature: _____ Date: _____

Name (print): _____