Vortex Ultimate Club 2017
Medical Information Sheet

Name (First & Last):	
Date of Birth (DD/MM/YYYY):	
Address:	
City:	
Postal Code:	
Home Phone:	
Player Cell Phone:	
Provincial Health Number:	
Parent's Name:	
Parent's Cell Phone:	
Parent's Name:	
Parent's Cell Phone:	
Alternate Emergency Contact (Name & #):	
Doctor's Name & Phone Number:	
Dentist Name & Phone Number:	

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

Yes.....No	Medication
Yes.....No	Allergies
Yes.....No	Previous history of concussions
Yes.....No	Fainting episodes during exercise
Yes.....No	Seizures and/or epilepsy
Yes.....No	Wears glasses (are lenses shatterproof)
Yes.....No	Wears contact lenses
Yes.....No	Wears a dental appliance
Yes.....No	Hearing problem
Yes.....No	Asthma
Yes.....No	Trouble breathing during exercise
Yes.....No	Heart condition
Yes.....No	Diabetes (Type 1 or Type 2)
Yes.....No	Wears a medical information bracelet (for what purpose)?
Yes.....No	Has had injuries requiring medical attention in the past year?
Yes.....No	Has been admitted to a hospital in the last year?
Yes.....No	Surgery in the last year?
Yes.....No	Presently injured (what body part)?
Yes.....No	Vaccinations up to date (date of last Tetanus shot)
Yes.....No	Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above or any other pertinent information (use back of sheet for more

I understand that it is my responsibility to keep the team advised of any change in the above information. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hearby 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.

Date:	Signature of Player:
Date:	Signature of Parent/Guardian: