MEDICAL INFORMATION SHEET

Player's Name: _____ D.O.B: _____

Alberta Personal Health Card #: _____

Parent/Guardian (1) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian (2) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION:

Family Physician's Name: _____

Phone: _____ City: _____

Allergies: _____

Medical Conditions:

_____

_____

Medications: _____

In the past 24 months have you been tested, diagnosed, and/or treated for a concussion: Yes ☐ No ☐

If Yes, provide the date (month and year), who performed the testing/diagnosis/treatment and outcome:

_____

_____

Previous sports injuries that are still problematic (date and current issues): _____

_____

Date of Last Tetanus booster (if applicable): _____

WARNING: Ravens Volleyball Club does not take responsibility for any injuries a player or participant may suffer while participating in any club activity. Players participate at their own risk. I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature _____ Date_____

Parent Signature _____ Date_____

NOTE: No information will be given out unless needed in an emergency