

**STETTLER WILDCATS FOOTBALL  
MEDICAL INFORMATION**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Date of Birth: Day** \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**AHC#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Cell :** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Alternate Emergency Contact (if parents are not available)**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

(Please note that if inhalers are regularly used, trainers have access to them)

**Allergies:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Recent Injuries:** \_\_\_\_\_

**Other information of notes:** \_\_\_\_\_

\_\_\_\_\_

**Please circle the appropriate responses and provide details below if there answer “YES” to any of the following:**

- YES NO** Previous history of concussion (provide of last,number and severity)
- YES NO** Fainting episodes during exercise
- YES NO** Wears Glasses
- YES NO** Are lenses shatterproof
- YES NO** Wear Contact lenses
- YES NO** Wears dental appliance/braces
- YES NO** Asthma
- YES NO** Trouble Breathing during exercise
- YES NO** Heart Conditions
- 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 football
- YES NO** Has had an illness that lasted more than a week and required medical attention in the past year
- YES NO** Surgery in the last year
- YES NO** Presently injured? Injury
- YES NO** Vaccinations up to date including Tetanus
- YES NO** Hepatitis B vaccination

**Please give details if you answered “yes” to any of the above questions. Use separate sheets if necessary.**

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**I understand that it is my responsibility to keep the team trainer and personnel advised of 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 my child to the hospital or a 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 the release of information included in this information sheet to the appropriate people( coach, physician, trainer, emergency personnel) as deemed necessary.**

**Date:\_\_\_\_\_ Signature of Parent/Guardian:\_\_\_\_\_**

**Disclaimer: Personal information gathered in this form will be held solely by the trainer/coaching staff for use only for the purpose for which it was collected and in accordance with the National Privacy Principles contained in the Freedom of Information and Privacy (FOIP)**

**Personal Policies.  
Information will only be released in the event of an emergency to appropriate personnel.**