

**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 or notes:** \_\_\_\_\_

\_\_\_\_\_

# Wildcats Football Medical Information Continued

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.

---

---

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.