



**BURNABY DEVILS PLAYER MEDICAL INFORMATION**

**TEAM:** \_\_\_\_\_

**COACH:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

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

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Y** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_

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

**Home Tel #:** \_\_\_\_\_ **Mom Cell #:** \_\_\_\_\_ **Dad Cell #:** \_\_\_\_\_

**Contact in case of accident:** \_\_\_\_\_ **Home Tel #:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Health Card #** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Tel #** \_\_\_\_\_

**ANY KNOWN ALLERGIES:** \_\_\_\_\_

Please specify if your child has any medical condition(s) that may affect his/her participation during the season (e.g. epilepsy, diabetes, asthmas, orthopedics, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any regular medications at home? If yes, please detail type, dosage, days & times.

\_\_\_\_\_  
\_\_\_\_\_

**Date of Last Tetanus Booster (MM/DD/YYYY):** \_\_\_\_\_

**I understand** that it is my responsibility to keep the team management advised of any changes in the above information as soon as possible, and that in the event no one can be contacted, team management will admit \_\_\_\_\_ to the hospital if deemed necessary.

**I hereby authorize** the physicians and staff of any Emergency Department to undertake examination, investigation and necessary treatment.

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

\*\*\*\*\*

**This document will be presented to the attending emergency medical staff whenever the player requires such attention.**