

Emergency Information - Medical Consent Form

EMERGENCY INFORMATION & CONSENT (ONE FOR EACH ATHLETE)

Athlete's Name: _____

Address: _____

Home Phone:(____)_____ Cell Phone:(____)_____

Email _____

Father's Name: _____

Home Phone:(____)_____ Work Phone:(____)_____

Mother's Name: _____

Home Phone:(____)_____ Work Phone:(____)_____

Email _____

Family Medical Insurance:

Manitoba Health #: _____

Carrier: _____

Group: _____

Policy #: _____

Group#: _____

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone:(____)_____

Allergies (list): _____

Serious Medical Conditions(list): _____

Other medical issues or conditions we should be aware of (list):

In Case Of Emergency Contact (in case mother and father are not available):

Name: _____

Relationship: _____

Home Phone:(____)_____ Work Phone:(____)_____