



S P O R T M E D I C I N E
C O U N C I L O F M A N I T O B A

Name _____ Date of birth / / .
(print) dd/mm/yy

In case of emergency, contact: _____

Phone: (day) _____ (evening) _____
(other) _____

Alternate contact: _____

Phone: (day) _____ (evening) _____
(other) _____

Family Doctor _____ Phone _____

Medical number (Manitoba - six digit) _____

Medical conditions (diabetes, seizures, etc.) yes[] no[]

If yes, please list: _____

Medications: yes[] no[]

If yes, please list: _____

Do you, the athlete, carry and know how to administer your own medications?

Yes[] no[]

If no, describe any assistance required: _____

Allergies: yes[] no[]

If yes, please list: _____

Previous injuries: yes[] no[]

If yes, please list: _____

List other concerns (braces, contact lenses, etc.) _____

Medical information is confidential. Keep this form with the team at all times. This information should be made available to authorized individuals only.

PARENT CONSENT FORM

I hereby certify that I am the parent/guardian of _____
_____, who is under 18 years of age, and I hereby
consent to any emergency medical procedures which may be deemed
necessary by a licensed medical practitioner as a result of his/her involvement in
a sport activity.

Name of Parent or Guardian (print): _____

Signature of Parent or Guardian: _____

Address _____

Phone number (daytime) _____ (evening) _____

Date _____ Witness _____



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