## **Player Medical Form**

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| Name:   |          | Name:   |                                 |  |
|---|----------|---|---------------------------------|--|
| Phone #:                                      | D.O.B.   | Phone #:                                      | D.O.B.                          |  |
| Sask. Health Number (optional):               |          | Sask. Health Number                           | Sask. Health Number (optional): |  |
| Medical Condition (which would be of concern) |          | Medical Condition (which would be of concern) |                                 |  |
| Current Medications:                          |          | Current Medications:                          |                                 |  |
| Allergies:                                    |          | Allergies:                                    | Allergies:                      |  |
| Emergency Contact:                            |          | Emergency Contact                             | Emergency Contact:              |  |
| Emergency Number:                             |          | Emergency Number:                             |                                 |  |
| Family Doctor:                                | Phone #: | Family Doctor:                                | Phone #                         |  |
| Signature:                                    |          | Signature:                                    | Signature:                      |  |
| Date:   |          | Date:   | Date:                           |  |
| Additional Information:                       |          | Additional Informatio                         | Additional Information:         |  |
|   |          |   |                                 |  |