PARENT CONSENT FORM
FOR
TRAVEL

PLAYER'S NAME: _____

***PROVINCIAL MEDICAL NUMBER**: _____

1. It is the policy of this Association to notify a parent when a child is ill or requires medical attention. Occasionally, we cannot contact parents, and we need to get immediate help for your child. Our procedure is to take the person to the nearest emergency medical service.

2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to us immediately. We will take this consent with us to the emergency centre.

3. I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the Team Staff when I cannot be contacted.

4. I hereby consent for my child _____ to receive medical treatments deemed medically necessary by the emergency centre.

5. The **Medical History Card** must be filled out and attached to this Consent Form.

Date: _____

Signature of Parent/Guardian: _____

*** Please Note**: In some provinces, the law prohibits the request of Health Card Numbers due to a disclosure/confidentiality issue.

Medical History Card

Name: _____

Address: _____

Sex: _____ **Birthdate:** _____ **Age:** _____
D/M/Y

Medical Insurance Number: _____

Parent/Guardian Name: _____

Address: _____

Phone Numbers: **Home**: _____ **Work**: _____ **Cell:** _____

Alternate Contact Person: _____

Phone Numbers: **Home:** _____ **Work:** _____ **Cell:** _____

Record of Health

State any illnesses and/or injuries over the past five years: _____
_____
_____

State any surgery: _____

Please check those which have occurred at any time:

Asthma ( ) **Diabetes ( )** **Heart Disease ( )** **Recurring headaches ( )**

Seizure ( ) **Blackouts ( )** **Chest Pain ( )**

Immunization Year of last tetanus shot: _____

List allergies: _____

_____

List medications currently taking: _____

_____

Do you wear contact lenses?Yes No

Do you require the use of protective lenses? Yes No

Physician's Name: _____ **Phone Number: ( ) _____**

Date this card was completed: _____

Date this card was updated: _____