**RINGETTE BC**
#258-6450 Roberts St,
Burnaby, BC V5G 4E1
www.ringettebc.ca

# RINGETTE BC MEDICAL FORM

Ringette Association: Richmond Ringette

| **MEDICAL INFORMATION FORM (All information will be kept strictly confidential)** | | |
|---|---|---|
| Name: | | DOB (MMDDYYYY): |
| Address: | City: | Postal Code: |
| Home Phone: | Cell Phone: | |
| Medical Insurance Numbers | Provincial: | Other Insurance: |
| Subscriber: | Dental Insurance: ☐Yes ☐ No | |
| Name of Parent(s)/Guardian(s): | | |
| Emergency Contact: | Telephone: | |
| Doctor's Name: | | |
| Doctor's Address: | Doctor's Telephone: | |
| Allergies (medications, foods, topical substances): | | |
| Medical Conditions (Epilepsy, Asthma, Diabetes, etc.): | Prescription Medications (Name & Dosage): | |
| Previous Injuries & Dates (Concussions, knee sprains, neck injuries, etc.): | | Wear Contact Lenses: ☐ Yes ☐ No |
| **I certify all information above to be complete and correct.** ☐ | | |
| Parent or Guardian (if under 18): | | Date: |
| Signature: | | Date: |