



**FIELD HOCKEY
CANADA**

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INDOOR PROGRAM
Emergency Information & Consent to Treat**

All athletes attending the camp must complete this form, If an athlete is under 18 years of age, the parent/guardian must complete and return the following information for his/her child to be treated in case of emergency while at training or an event as a member of an FHC indoor squad or team.

Last Name: _____ First Name: _____

Home Phone Number: _____ Parents Cell: _____

Father/Guardian Name: _____ Wk. Phone: _____

Mother/Guardian Name: _____ Wk. Phone: _____

Emergency Contact (relation to athlete): _____ Emergency Contact Number: _____

Family Doctor's Name: _____ Athlete's Date of Birth: _MM/DD/YYYY_

Family Doctor's Phone #: _____

Insurance Co: _____ Policy/Group#: _____

NOTE: Athletes must always have their provincial healthcare card (e.g. OHIP card) and any private medical insurance information with them

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the sole responsibility of the participant(s) parent(s) guardian(s).

Signature of Athlete: _____

Signature of Parent/Guardian: _____

Date: _____

**MEDICAL INFORMATION
(Please circle Yes/No and explain each Yes answer)**

I / My child:

Yes/No Have / Has a history of seizures or fainting: _____

Yes/No Am / Is diabetic and takes insulin _____

Yes/No Am / Is subject to specific allergy? If yes, explain type & medicine _____

Yes/No Have / Has a medical condition which may affect participation: _____

Yes/No Am / Is currently taking medication(s): _____



POWERED BY...

