



WATER POLO CANADA



- ATHLETE MEDICAL INFORMATION -

Athlete's Name:	Last			First			Middle		
Date of Birth:	Month			Day			Year		

Parent/Guardian/Emergency Contact

Primary <small>(If under 19 yrs of age)</small>	Last			First			Middle		
Phone #'s	Primary			Secondary			Tertiary		
E-mail's	Primary			Secondary					
Secondary	Last			First			Middle		
Phone #'s	Primary			Secondary			Tertiary		
E-mail's	Primary			Secondary					

Family Doctor	Name/Location		Phone#	
Hospital insurance number			Province if not SK	

- RELEVANT MEDICAL HISTORY -

Medications			
Does the play carry and know how to administer his/her own medication?			Yes / No
Allergies			
Previous Injuries			
Other conditions (braces, contact lenses, etc.)			

NOTE:

Medical information is confidential. Keep this form with the team at all times.
These forms should not be available to other than authorized individuals.