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

RINGETTE BC MEDICAL FORM

Ringette Association: _____

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: