



# Ottawa-Carleton Ultimate Association

875 Bank Street, Suite 1, Ottawa, ON CANADA K1S 3W4

Tel: (613) 860-OCUA (6282)

## Medical Information Form for Players Under 18

PARENTS/GUARDIANS: Please print and complete this form and give it to your child's coach or team manager.

PLAYER INFORMATION			
Player Name			
Date of Birth (mm/dd/yy)		Gender (M/F)	
Player Email Address (optional)			

DOCTOR AND EMERGENCY CONTACT INFORMATION			
Doctor's Name		Doctor's Phone Number	
Emergency Contact Name		Emergency ContactPhone Number	

PARENT or GUARDIAN CONTACT INFORMATION					
Parent's Name		Home Phone		Work Phone	
Mailing Address	street	city	province	postal code	
Parent's Email					
2ND PARENT CONTACT INFORMATION (optional)					
Parent's Name		Home Phone		Work Phone	
Mailing Address	street	city	province	postal code	
Parent's Email					

PLAYER MEDICAL INFORMATION*	
Does your child have any allergies? Yes No	
If Yes, please specify:	
Does your child use an inhaler? Yes No	
Does your child have any unusual medical conditions? Yes No	
If Yes, please specify:	
Does your child have any previous injuries we should be aware of? Yes No	
If Yes, please specify:	
Does your child need to wear special gear when participating in sports (for example, an ankle brace, knee brace)? Yes No	
If Yes, please specify:	
* All Medical Information is confidentially shared with Youth/Junior coaches.	

Parent/Guardian Name			
Parent/Guardian Signature		Date	