



**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...

