

Please check the appropriate response below pertaining to your child:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Previous history of concussions	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	<input type="checkbox"/>	Fainting episodes during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Medication
<input type="checkbox"/>	<input type="checkbox"/>	Epileptic	<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	Wears a medic alert bracelet or necklace
<input type="checkbox"/>	<input type="checkbox"/>	Are lenses shatterproof?	<input type="checkbox"/>	<input type="checkbox"/>	Surgery in the last year
<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	Has been in hospital in last year
<input type="checkbox"/>	<input type="checkbox"/>	Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>	Presently injured
<input type="checkbox"/>	<input type="checkbox"/>	Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	Has had injuries requiring medical attention in the past year
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Has had an illness lasting more than a week in the past year
<input type="checkbox"/>	<input type="checkbox"/>	Trouble breathing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Has a health problem that would interfere with participation on a hockey team
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition			

Please give details if you answered, 'yes' to any of the above items: _____

Any relative information not included in the above: _____

I the undersigned do clearly understand that it is my responsibility to keep the management team promptly updated on any changes, which may arise, to any of the above documented information. In the event that an emergency or accident necessitates medical attention having to be administered, at a hospital or doctor's office, I do hereby authorize the management team to act on my behalf.

SUBJECT IS 18 YEARS OF AGE OR UNDER

Parent/Guardian: _____ Date: _____
Name Signature

Address: _____

City: _____ Province: Nova Scotia Postal Code: _____

Telephone (h): (902) _____ (w): (902) _____ (c): (902) _____

SUBJECT IS 19 YEARS OF AGE OR OVER

Subject: _____ Date: _____
Signature