



**MEDICAL INFORMATION SHEET**

Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Provincial Health Number (optional): \_\_\_\_\_

**Parent/Guardian #1:** Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Parent/Guardian #2:** Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Alternate emergency contact (if parents are not available)**

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

*Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician*

**Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.**

- |  |   |  |
|--|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Medication  | Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma   | Yes <input type="checkbox"/> No <input type="checkbox"/> Health problem that would interfere with participation on a hockey team                         |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies   | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble breathing during exercise                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Previous history of concussions                       | Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Condition  | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year                                   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting or seizure during or after physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations or Racing Heart   | Yes <input type="checkbox"/> No <input type="checkbox"/> Been admitted to hospital in the last year  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Near fainting or Brownouts                            | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of heart disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery in the last year  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures and/or epilepsy                              | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexpected death during physical activity            | Yes <input type="checkbox"/> No <input type="checkbox"/> Presently injured<br>Injured body part: _____   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses   | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexplained death of a young person                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinations up to date<br>Date of last Tetanus Shot: _____                                     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Are lenses shatterproof                               | Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes – Type 1 _____ Type 2 _____                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B vaccination   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears contact lenses                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Wears medical information bracelet/necklace<br>For what purpose? _____ |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears dental appliance                                |   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing problem                                       |   |  |

**Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications: \_\_\_\_\_

Recent injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: \_\_\_\_\_ Signature of Player: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

*Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.*



## AGREEMENT TO THE PLAYER'S CODE OF ETHICS

Extract of the book of the administrative regulations of Hockey Quebec 2017-2018

**Name of the Team:** \_\_\_\_\_  
**Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_  
**M.H.A.** \_\_\_\_\_

Article 10.4 of Hockey Quebec's Administrative Regulations provides that each player must read and sign the «Player's Code of Ethics». Failure to respect or abide by an obligation in said Code of Ethics could lead to a sanction.

To fully benefit from playing amateur hockey, the player must have a positive attitude and deportment, which calls for the highest forms of fair-play. The important point is not necessarily to win or lose but the manner in which the game is played. He should never lose sight that hockey is merely a game. To gain maximum benefit from the game of hockey, a player must:

- A. play for fun, always remembering that hockey is a means, not a goal;
- B. thoroughly follow the rules of the game and the Chart for Fair-Play;
- C. at all times, accept and respect the officials' decisions;
- D. respect officials, opponents and their fans who, finally, are not enemies;
- E. always remain in self-control in order that hockey, a robust sport, does not become violent or brutal;
- F. behave properly both on and off the ice, especially by using proper language and avoiding vulgar and blasphemous language;
- G. consider his team mates on an equal basis and offer all of them the same cooperation;
- H. respect his coaches and other management personnel and abide by the directives when such are not contrary to his well being;
- I. play with intensity without giving up after a loss and over-bragging following a win;
- J. respect other people's property and avoid any theft or vandalism.
- K. Use the social networks, Internet and other electronic medias in an ethical manner and respectful of my colleagues, coaches and directors; and do not use them to provoke opponents or another member of Hockey Quebec.

I, \_\_\_\_\_, playing with the \_\_\_\_\_ MHA, agree to abide by  
(Name) (Association or organization)  
the Player's Code of Ethics

Date: \_\_\_\_\_



## AGREEMENT – PARENT’S CODE OF ETHICS

Extract of the book of the administrative regulations of Hockey Quebec 2017-2018

**Name of the Team:** \_\_\_\_\_  
**Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_  
**M.H.A.** \_\_\_\_\_

Article 10.4 of Hockey Quebec’s Administrative Regulations provides that each parent must read and sign the «Parents’ Code of Ethics». Failure to respect or abide by an obligation in said Code of Ethics could lead to a sanction.

It is important that close cooperation be established between parents, schools and sports. Parents concerned in their child’s development must become interested in their well-being and be aware of the educational values taught through sport. Therefore, they must cooperate in the use of hockey as an educational tool and a means of expression in order that their child benefit from the game. To meet these obligations, parents must adopt the following deportment:

- A. Demonstrate respect for coaches, administrators, on and off-ice officials.
- B. Behave properly and use appropriate language.
- C. Avoid any form of verbal violence aimed at players and support all efforts made in this respect.
- D. Never forget that their children are playing hockey for their own pleasure and not that of their parents.
- E. Encourage their children to respect the ‘Sportsmanship Charter’, the playing rules and the rules of the team.
- F. Recognize their children’s good performance as well as that of their opponents.
- G. Help their children in their search to upgrade their abilities and develop their sportsmanship.
- H. Teach their children that an honest effort is worth as much as a win.
- I. Objectively judge their children’s capabilities and avoid projections.
- J. Help their children to choose one or more activities according to their taste instead of forcing them to play hockey.
- K. Never ridicule a child who has made a mistake or has lost a game.
- L. Avoid family discrimination aimed at their daughters.
- M. Through their own example, encourage their children to respect the rules and solve conflicts without aggressiveness or violence.
- N. Use the social networks, Internet and other electronic medias in an ethical manner and respectful of my colleagues, coaches and directors; and do not use them to provoke opponents or another member of Hockey Quebec.

I, \_\_\_\_\_, parent of \_\_\_\_\_ agree to abide by  
(Name) (Association or organization)  
the Parents’ Code of Ethics.

**Date:** \_\_\_\_\_