



The Manitoba Water Polo Association

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**Manitoba Water Polo Provincial Team
ATHLETE MEDICAL INFORMATION**

Athlete's Information:

Name: _____ Date of Birth (Day/Month/Year): _____

Address: _____ Phone Number: _____

Family Mb. Health # (6 digits): _____ Personal Health # (9 digits): _____

Names of parent(s) / legal guardian(s): _____

Contact Information:

Person to be contacted in case of emergency: _____

Relationship to athlete: _____

Weekday phone number: _____ Weekend day phone number: _____

Evening phone number: _____ Cell phone number: _____

Alternate contact, if person named above cannot be reached: _____

Relationship to athlete: _____

Weekday phone number: _____ Weekend day phone number: _____

Evening phone number: _____ Cell phone number: _____

Athlete's Doctor's Name: _____ Phone number: _____

Athlete's Relevant Medical History:

Current Medications: _____

Does the athlete carry and know how to administer his/her own medication? YES / NO (circle one)

PLEASE NOTE: The athlete must be able to administer his/her own medications. If the athlete cannot administer the required medications, then he or she must be accompanied by a parent or guardian (or other adult so designated by the parent or guardian) who is able to and authorized to administer the required medication. Chaperones and coaches will not administer an athlete's medication unless required to do so in an emergency.

Allergies: _____ Previous injuries: _____

Other conditions (braces, contact lenses, etc.) _____

Parent / legal guardian's signature: _____ **Date:** _____

The personal health information on this form will be kept confidential and will be held by the chaperon or person authorized by the chaperon at all times during the tournament and travel related to the tournament.