

Manitoba Broomball

Tel: (204) 925-5668
Fax: (204) 925-5792

145 Pacific Avenue
Winnipeg, MB R3B 2Z6

e-mail: broomballmb@shaw.ca
website: www.manitobabroomball.com

EMERGENCY MEDICAL CONSENT FORM

As an athlete you may require emergency medical care and not be available to give formal consent to medical authorities. Please complete the EMERGENCY MEDICAL CONSENT FORM and give to your coach or temporary guardian. In the event of a medical emergency, this form would accompany you to the hospital / clinic so that treatment can be rendered.

I / we hereby authorize _____
to give consent for all medical and / or surgical treatment that may be required during the
20__ - 20__ Broomball season.

Athlete's Name: _____

Address: _____ Postal Code: _____

Medical #: _____ PIN: _____
6 digit 9 digit

Allergies: _____ Medications: _____

Have you been diagnosed with a concussion? Yes ___ No ___

If Yes, describe the severity of the concussion(s): (1 being mild...10 being severe) _____

When did the concussion occur? _____

Contact Person(s): _____ Phone # _____

_____ Phone # _____

Athlete's Signature Date: _____

Parent/Guardian Signature (if under 18 years old) Date: _____

