



Westmount School

240 Westland Street
Okotoks, AB T1S 2J5

Phone: (403) 995-4824

Principal: Mr. Jordan Rhodes

Fax: (403) 995-5532
westmount.fsd38.ab.ca

Vice Principal: Ms. Stacey Swanson

Vice-Principal: Ms. Sherry Opas

Player Information/Medical Form

Name: _____

Address: _____ PostalCode: _____

Daytime Phone: _____ EveningPhone: _____

Alberta Health Care No.: _____

Other Insurance Plan: _____

Parent/Guardian Name(s): _____

Emergency Contact if Parent/Guardian(s) cannot be reached

Name: _____ Relationship _____

Phone Number: _____

Doctor's Name: _____

Doctor's Phone: _____

The Coach should be aware of the following medical problems and/or medications:

I understand that by giving permission to the above named student to participate in the _____ program at Westmount School, I authorize the coaching staff to initiate appropriate measures in the event of an injury, including transportation to the hospital by ambulance if necessary.

Date: _____ Parent/Guardian Name: _____

Signature: _____

