



PLAYER MEDICAL INFORMATION FORM

Players Name: _____

Date of Birth: _____

Street Address: _____

City: _____ Postal Code: _____

Mother's Name: _____ Father's Name: _____

Telephone: _____ (H#) _____ (B#) _____ (Cell#) _____

Doctor's Name: _____ Telephone: _____

Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Dentist's Name: _____ Telephone: _____

Medical conditions (i.e. Diabetes, Epilepsy): _____

Please circle the appropriate responses below pertaining to the athlete

Yes No Medications List: _____

Yes No Allergies List: _____

Yes No Wears a medic alert bracelet or necklace

Yes No Glasses Are the lenses shatterproof? Yes No

Yes No Wears contact lenses

Yes No Asthma

Yes No Trouble breathing during exercise

Yes No Fainting episodes during exercise

Yes No Previous history of concussions

Yes No Wears dental appliance

Yes No Has had an illness lasting more than a week in the past year

Yes No Previous serious injury or illness requiring medical attention in the past year

Explain: _____

Yes No Previous surgeries List: _____

Yes No Previous hospitalizations List: _____

Alternate contact in case of accident or emergency, if parents are not available.

Name: _____ Telephone: _____

The athlete's physician should clear all medical conditions and/or injuries before participating in any sports program.

I understand that it is my responsibility to notify the team management of any change in the above information. In the event no one can be contacted, team management will take my child to hospital if deemed necessary. I authorize release of information to the appropriate people (coach, manager, physician) as deemed necessary.

Signature of Parent/Guardian: _____ Date: _____

Note: The Player Medical Information Sheet is a confidential document