



PLAYER MEDICAL INFORMATION SHEET

PARTICIPANT'S NAME: _____ **BIRTH DATE:** / ____ / ____
(Last Name) (First Name) (year) (mm) (day)

ADDRESS: _____

CITY: _____ **PROV.** _____ **P/C:** _____ **PHONE:** _____

MOTHER'S NAME _____ **FATHER'S NAME:** _____

HEALTH CARE NUMBER: _____

EMERGENCY CONTACT: (This person will be contacted if both parents are not available)

NAME: _____ **RELATION:** _____ **PHONE:** _____

DOCTOR'S NAME: _____ **PHONE:** _____

PLEASE CIRCLE THE APPROPRIATE RESPONSE BELOW PERTAINING TO YOUR CHILD.

Previous history of concussion?	YES	NO
Fainting episodes / trouble breathing during exercise?	YES	NO
Epileptic?	YES	NO
Wears glasses / contact lenses?	YES	NO
Hearing problems?	YES	NO
Asthma?	YES	NO
Heart Condition?	YES	NO
Diabetic?	YES	NO
Wears a medic alert bracelet?	YES	NO
Has had surgery / hospitalized in the last year?	YES	NO
Has had injuries requiring medical attention in the past year?	YES	NO
Has a health concern which would interfere with participation in football?	YES	NO

IF 'YES', PLEASE GIVE DETAILS TO ANY OF THE ABOVE QUESTIONS.

MEDICATIONS: _____

ALLERGIES: _____

RECENT INJURIES: _____

LAST TETANUS SHOT: _____

DATE OF LAST COMPLETE PHYSICAL EXAMINATION: _____

****Any medical concern or injury problem should be checked by your physician before participating in a football program.***

I understand that it is my responsibility to keep the team management advised of any changes regarding the above information, and that in the event no one can be contacted, team management or designate will take my child to hospital/M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.

I also authorize the release of information to appropriate people (coach, physician, etc...) as deemed necessary.

Parent / Legal Guardian Signature: _____ **Date:** _____