



# Player Health Form

Athlete's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Health Card # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Guardian 1 Phone # \_\_\_\_\_

Guardian 1 Email \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Guardian 2 Phone # \_\_\_\_\_

Guardian 2 Email \_\_\_\_\_

**Emergency Contact** if guardians are unavailable

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please circle the appropriate response below:

- |   |   |  |   |   |  |
|---|---|--|---|---|--|
| Y | N | Previous history of concussions                                | Y | N | Heart condition                          |
| Y | N | Fainting episodes during exercise                              | Y | N | Diabetic                                 |
| Y | N | Epileptic  | Y | N | Allergies                                |
| Y | N | Hearing problem  | Y | N | Wears contact lenses                     |
| Y | N | Asthma   | Y | N | Wears a medic alert bracelet or necklace |
| Y | N | Trouble breathing during exercise                              | Y | N | Presently injured                        |
| Y | N | Have had injuries requiring medical attention in the last year | Y | N | Other:                                   |

Please provide details below if answered "Y" to any of the above items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication presently being taken:

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible. I also authorize release of information to appropriate people (coaching staff and physician) as deemed necessary.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE