



## PLAYER MEDICAL FORM

### PLAYER INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Team: \_\_\_\_\_

MSI Health Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergy Plan (e.g. carries Epipen/where Epipen is kept): \_\_\_\_\_

Any Medical Concerns: Yes/No (please circle)

If yes, please describe:

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

Previous Injuries (sprains, concussions, etc.) and Dates: \_\_\_\_\_

\_\_\_\_\_  
Medications: \_\_\_\_\_

### PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_