



BASEBALL PEI - PLAYER MEDICAL INFORMATION FORM

This form is required for participation and will be kept confidential and used only for emergency action planning by team staff.

PLAYER INFORMATION

Full Name (Legal Name):

Preferred Name (e.g., "Robert" goes by "Bob"):

Date of Birth (DD/MM/YYYY):

Home Address:

Gender Identity (select one):

☐ Male

☐ Female

☐ Non-Binary

☐ Two-Spirit

☐ Prefer not to say

☐ Prefer to self-describe: _____

Pronouns (select one or write in):

☐ He/Him

☐ She/Her

☐ They/Them

☐ Prefer not to say

☐ Other: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 Name:

Parent/Guardian 2 Name:



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Player Resides With (check one):

☐ Parent/Guardian 1

☐ Parent/Guardian 2

☐ Both

☐ Other (specify): _____

Primary Phone Number:

Secondary Phone Number:

Email Address(es):

HEALTH & MEDICAL INFORMATION

PEI Health Card Number:

Allergies (Food, Medication, Environmental):

Chronic Medical Conditions (e.g., asthma, diabetes):

Current Injuries or Physical Restrictions:

Medications Taken Regularly (e.g., inhalers, EpiPens):

Other Information Critical in an Emergency:

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name:



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Relationship to Player:

Phone Number:

CONSENT & ACKNOWLEDGEMENT

I acknowledge that the above information is accurate to the best of my knowledge and consent to the team staff using this information for emergency planning and response purposes during Baseball PEI-sanctioned activities.

Parent/Guardian Signature:

Date:
