

BRMHA Medical History Form

Player name _____ Date _____

Emergency contact #1 _____ Ph _____

Emergency contact #2 _____ Ph _____

Physician's name _____ Ph _____

LIST any medical conditions the player has (e.g. asthma):

LIST any past injuries player has had (e.g. broken bones, concussions):

LIST any medications the player takes:

LIST any drug or food allergies the player has:

Parent \ Guardian Signature: _____

NEXT STEPS:

Upload a copy of this completed form to your child's [HCR/Spordle](#) profile (add to Documents) OR email to: brkregistrar@gmail.com.