

Didsbury Lacrosse Association Medical Form



Players Name:		Player's Birthdate:	
Health Care Number:		Phone Number:	
Address:			
Mother:		Contact #:	
Father:		Contact #:	
Medications:			
Allergies:			
Medical Conditions:			
Recent Injuries:			
Last Tetanus Shot:			
Any information not covered above:			

Circle the appropriate responses below:

- | | | | |
|----------|-----------------------------------|----------|---|
| YES / NO | Heart condition | YES / NO | Wears dental appliance |
| YES / NO | Diabetic | YES / NO | Wears Glasses |
| YES / NO | Hearing problems | YES / NO | Are lenses shatter proof |
| YES / NO | Medication | YES / NO | Wears contact lenses |
| YES / NO | Epileptic | YES / NO | Surgery in the last year |
| YES / NO | Allergies | YES / NO | Injuries requiring medical attention in the last year |
| YES / NO | Asthma | YES / NO | Presently injured |
| YES / NO | Trouble breathing during exercise | YES / NO | Heath issues that would interfere with participation on a lacrosse team |
| YES / NO | Fainting episodes during exercise | | |
| YES / NO | Previous history of concussions | | |

Date of last complete physical Exam: _____

Any medical condition or injury problem should be checked by your physician prior to participating in a lacrosse program. Any significant injury, such as a concussion or severe break, will require doctor's examination and clearance before returning to play.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to the hospital or doctor if deemed necessary.

I hear-by 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) as deemed necessary.

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____