



# Edmonton Warriors Lacrosse

## Player Medical Information

### PLAYER INFORMATION

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

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

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

City/Prov: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Postal code: \_\_\_\_\_

### PARENT/GUARDIAN CONTACTS

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

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

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

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

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

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

Relationship to Player: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

### EMERGENCY CONTACTS

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

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

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

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

Relationship to Player: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

### MEDICATIONS

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List any medical conditions and medications the coaching staff should be aware of: (allergies, previous injury or illness, etc.)

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Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_