



Lakeland Player Medical Form

Player Name		Previous history of concussions?	
Legal Given Name		Fainting episodes during exercise?	
Date of Birth (MM/DD/YYYY)		Epileptic?	
Address		Wears glasses?	
Alberta Health Care Number		Are lenses shatterproof?	
Parent Contact #1 Name		Wears dental appliance?	
Parent Contact #1 Phone		Hearing problem?	
Parent Contact #1 Alt Phone		Asthma?	
Parent Contact #1 Address		Trouble breathing during exercise?	
Parent Contact #2 Name		Heart Condition?	
Parent Contact #2 Phone		Diabetic?	
Parent Contact #2 Alt Phone		Illness lasting more than a week in the past year?	
Parent Contact #2 Address		Takes Medication?	
Alternative Contact Name		Allergies?	
Alternative Contact Phone		Health problem interfering with lacrosse?	
Alternative Contact Alt Phone		Surgery in the last year?	
Alternative Contact Address		Hospital visit in the last year?	
Doctor's Name		Injuries requiring medical attention in the past year?	
Doctor's Phone		Presently injured?	
Dentist's Name		Details of any YES answers	
Dentist's Phone		Medical Conditions	
Medication Details		Recent Injuries	
Allergy Details		Last Tetanus Shot	
Parent/Guardian Signature (type your full name)		Any other relevant information	
Date Signed		Date of last physical exam	