



PLAYER MEDICAL INFORMATION

Last Name _____ First Name _____

Date of Birth (Y/M/D): _____

Person to be contacted in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

List any medical conditions and medications the team trainer should be aware of (allergies, previous illness, etc.):

Does the player carry and know how to administer own medications: YES ___ NO ___

If yes, provide details: _____

Parent / Guardian signature: _____ Date: _____

- ❖ Medical information is confidential
- ❖ Only authorized individuals should have access to this form
- ❖ This form should be kept with the team at all times