



**Please check all that apply and document details in space provided.**

- Glasses       Contact Lenses
  
- Diabetes
  - Insulin: \_\_\_\_\_
  - Oral Medication: \_\_\_\_\_
  
- Asthma
  - Fast Acting Inhaler: \_\_\_\_\_
  - Daily Steroid Inhaler: \_\_\_\_\_
  
- Allergies (food, medications, environmental, bee stings, etc.)
  - Please list: \_\_\_\_\_
  - Indicate signs/symptoms/medications: \_\_\_\_\_
  - \_\_\_\_\_
  
- Head Injury / Concussion(s)       Fainting / Dizziness       Convulsions / Seizures
  - Frequency and last occurrence: \_\_\_\_\_
  
- Chronic Injury: \_\_\_\_\_
  - Brace / Protective Gear: \_\_\_\_\_
  
- Have been to a  Chiropractor and/or a Physiotherapist
  - If yes, indicate when and why: \_\_\_\_\_
  
- Chronic Illness: \_\_\_\_\_
  
- Previous Surgery: \_\_\_\_\_
  
- Other: \_\_\_\_\_
  
- Medications athlete is taking: \_\_\_\_\_
  
- Diet Restrictions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Coaching Staff will not administer medications unless previously instructed by guardian. This includes pain medication, such as acetaminophen (Tylenol®).