MEDICAL INFORMATION

PLEASE PRINT CLEARLY

Player's Name: _____

Address: _____

Birth date: _____ Age:_____ Gender:_____

Health Card # _____

Doctor. _____ Phone: (_____)_____

Address: _____

Home Phone: (____)_____ Work Phone: (____)_____ Cell: (____)_____

Parent / Guardian Name:_____

Address: _____

Home Phone: (____)_____ Work Phone: (____)_____ Cell: (____)_____

Emergency Contact: _____

Home Phone: (____)_____ Work Phone: (____)_____ Cell: (____)_____

Health History		Details:
Medic Alert	Yes ☐ No ☐	_____
Allergies	Yes ☐ No ☐	_____
Asthma (Respiratory)	Yes ☐ No ☐	_____
Blackouts/Fainting	Yes ☐ No ☐	_____
Diabetes	Yes ☐ No ☐	_____
Epilepsy	Yes ☐ No ☐	_____
Deaf/Hard of Hearing	Yes ☐ No ☐	_____
Heart Condition	Yes ☐ No ☐	_____
Recurring Headaches	Yes ☐ No ☐	_____
Seizures	Yes ☐ No ☐	_____
Glasses	Yes ☐ No ☐	_____
Contact Lenses	Yes ☐ No ☐	_____
Injuries (specify)	Yes ☐ No ☐	_____
Medications (specify)	Yes ☐ No ☐	_____
Other (including recent surgery)	Yes ☐ No ☐	_____

Other:_____