



NDLA MEDICAL FORM

Players Name: _____

Address: _____

City and Postal Code: _____

Home Phone: _____ Cell Number: _____

Birthdate: _____ Care Card Number: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

Doctors Name: _____ Phone Number: _____

Clinic Name and Address: _____

Do you wear contacts? YES NO

Do you have any allergies? YES NO

If yes, what are they? _____

Have you been hospitalized in the last 6 months? YES NO

If yes, for what? _____

Have you sustained injuries to your knees, ankles, elbows, wrists or shoulders that required medical attention? YES NO



NDLA MEDICAL FORM (Cont'd....)

If yes, please describe each injury and treatment.

Have you ever sustained a concussion? YES NO

If yes, please list when, in which sport, the degree of the concussion and the recovery time:

I have answered all questions accurately and completely as possible. I am aware that my failure to complete this form or if I provide inaccurate information, my participation in practices and games may be delayed. I also understand the inherent dangers of the sport, and that not every injury is preventable. NDLA bench personnel are held harmless and exempt from liability for any action taken to aid and assist my health and well-being when immediate first aid and medical attention is required.

In case of travel where the parent or guardian is not present and they are unavailable to consult, this form is to act as a medical release authorizing NDLA bench personnel to consent to immediate medical attention for the player.

Player Signature: _____

Date: _____

Guardian Signature: _____

Date: _____