



Nanaimo Raiders Field Lacrosse Medical Form



Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

E-mail _____

Persons to be contacted in case of Emergency

Parent/Guardian: _____

Phone Numbers: Day _____ Evening _____ Cell _____

Alternate Contact: _____

Phone Numbers: Day _____ Evening _____ Cell _____

Alternate Contact: _____ Relationship to Participant: _____

Phone Numbers: Day _____ Evening _____ Cell _____

Family Doctor: _____ Phone Number: _____

CareCard Number: _____

Medical History:

Medications: _____ Allergies: _____

Other Problems, Previous Injuries or Surgery: _____

Has the Participant ever had a Concussion? _____ If so, How many? _____ Date of Last Concussion _____

How long was concussion recovery (days)? _____

Other Conditions (braces, contact lenses, eye glasses, etc) _____

Parent's Signature _____ Date Completed _____