Player Medical History / Information

All information listed below is strictly confidential.

Team Managers are required to bring this form for each player

to all games and practices for use in case of an emergency.

|  |  |
| --- | --- |
|  |  |
| Players First Name | Players Last Name |

|  |
| --- |
|  |
| Address |
|  |  |  |
| Sex | Date of Birth (MM/DD/YY) | MSP Number |

|  |  |
| --- | --- |
|  |  |
| Parent/Guardian Name | Phone Number |

|  |  |
| --- | --- |
|  |  |
| Alternate Contact Name | Phone Number |

Check all those that have occurred at ANYTIME

|  |  |  |
| --- | --- | --- |
| Asthma:  | Heart Disease: | Diabetes: |
|  |  |  |
| Check if you suffer from any of the following |
| Recurring headaches: | Blackout: | Seizures: |
| Chest pain: | Other:  |
| State any illness in the past 5 years: |
| Any current/previous injuries or surgeries: |
| List of allergies: |
| List of regular medicine: |
| Year of last tetanus shot: |

|  |  |
| --- | --- |
|  |  |
| Physician’s Name | Phone Number |
|  |  |
| Date card completed | Date card updated |