

SEINE RIVER MINOR BALL

HEALTH QUESTIONNAIRE

PLAYERS NAME: _____

MHSC# _____ PHIN# _____

DOCTORS NAME _____ CLINIC _____

EMERGENCY CONTACT PERSONS: (Other than parents)

#1 _____ PHONE # _____

#2 _____ PHONE # _____

It is assumed that the child playing baseball/softball is in good health and is able to withstand the activities associated with the sport. Although we trust that the child will have a safe and fun sport season, there may be injuries/illnesses/conditions that are unforeseeable and unpreventable that coaches, assistant coaches and committee members must be prepared for. The following health questionnaire is required to assist the coaches in providing informed assistance for the child in the event of an emergency if a parent or guardian is unavailable. The following information will be kept **confidential** and only the coaches, assistant coaches, team manager and committee members (if necessary) will have access to the information.

Please circle 'yes' or 'no' and provide additional details as requested on *both sides* of the form. All information is confidential.

YES NO Are you allergic to any medications? (Aspirin, penicillin, sulfa, etc.)
Please list: _____

YES NO Are you allergic to any foods? Please list _____

YES NO Are you allergic to insect bites/stings? Please list _____

YES NO Are you allergic to any trees, plants, or animals? Please list _____

YES NO Do you take any medication for the above allergies? Please list and explain.

YES NO Have you ever been told that you have (had) asthma or exercise induced asthma?
List medications _____

YES NO Do you have or have you ever had lung disease? (pneumonia, tuberculosis, etc.)

YES NO Have you ever had a seizure or told you have epilepsy? _____

YES NO Are you presently being treated for diabetes or high blood sugar? _____

YES NO Do you have or have you ever had heart disease? (murmur, rheumatic fever, stenosis) List medications _____