

**BRONCOS PLAYER MEDICAL INFORMATION SHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |   | HIN#: |  |
| Date of Birth:  |   |
| Address:  |   |
| Postal Code:  |   | Telephone:  |   |
| Mother’s Name:  |   | Father’s Name:  |   |
| Business Telephone Numbers:  | Mother  |   | Father  |   |
| Alternate emergency contact (if parents are not available)  |
| Name:  |   | Telephone:  |   |
| Address:  |   |
| Doctor’s Name:  |   | Telephone:  |   |
| Dentist’s Name:  |   | Telephone:  |   |
| Date of last complete physical examination:  |   |

\* *Before any player participates in a baseball program, any medical condition or injury problem should be checked by that individual’s family physician.*

Please circle the appropriate response and provide details if you answer “Yes” to any of the questions.

|  |  |  |
| --- | --- | --- |
| Yes  | No  | Previous history of concussions  |
| Yes  | No  | Fainting episodes during exercise  |
| Yes  | No  | Epileptic  |
| Yes  | No  | Wears glasses  |
| Yes  | No  | If yes - Are lenses shatterproof  |

|  |  |  |
| --- | --- | --- |
| Yes  | No  | Wears dental appliance  |
| Yes  | No  | Hearing problem  |
| Yes  | No  | Asthma  |
| Yes  | No  | Trouble breathing during exercise  |
| Yes  | No  | Heart Condition  |
| Yes  | No  | Diabetic – Type 1\_\_\_\_\_ Type 2\_\_\_\_\_\_\_  |
| Yes  | No  | Medication  |
| Yes  | No  | Allergies  |
| Yes  | No  | Wears a medical information bracelet or necklace  |
| Yes  | No  | If yes for what purpose:  |
| Yes  | No  | Any other conditions your child’s Coach should be aware of?  |
| Details:  |    |