



**PLAYER MEDICAL INFORMATION SHEET**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Please Print Day Month Year

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name & Phone # 1 \_\_\_\_\_  
 Parent/Guardian Name & Phone # 2 \_\_\_\_\_

Emergency Contact:(this person will be contacted if both parents are not available)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Please circle the appropriate responses that pertain to your player

- Previous history of concussion? Yes No
- Fainting episodes/trouble breathing during Epileptic? Yes No
- Wears glasses/ contact lenses? Yes No
- Hearing problems? Yes No
- Asthma? Yes No
- Heart Conditions? Yes No
- Diabetic? Yes No
- Medication? Yes No
- Allergies? Yes No
- Has had surgery/ hospitalized in the last ye: Yes No
- Has has injuries requiring medical attention in the last year? Yes No
- Has a health concern which would interfere with participation in football? Yes No

|                         |  |               |
|-------------------------|--|---------------|
| <b>CARE CARD NUMBER</b> |  |               |
|                         |  |               |
| <b>HEIGHT</b>           |  | <b>FEET</b>   |
|                         |  | <b>INCHES</b> |
| <b>WEIGHT</b>           |  | <b>POUNDS</b> |
| <b>DOCTORS NAME</b>     |  |               |
|                         |  |               |
| <b>DOCTORS PHONE</b>    |  |               |
|                         |  |               |

PLEASE GIVE DETAILS IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS

Any life saving medication required by the player must be provided by the Parent/Guardian  
 It must be supplied to the Teams 1st Aid Attendant to carry in their 1st Aid Kit for the entire Football Season.

Example: Epi Pen / Inhalers \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

|  |                                  |                         |
|--|----------------------------------|-------------------------|
| I give my consent for my child to be attended by the First Aid Staff present, should it be required at a practice or games.<br>I also give my permission for treatment, at a hospital if necessary should I be unable to be reached, to obtain my consent. |                                  |                         |
| _____ Date   | _____ Parents/Guardian Signature | _____ Please Print Name |
| *Any medical concern or injury problem should be checked by your physician before participating in a football program.   |                                  |                         |