

Player Medical Information Card

Players Name:		Date of Birth:				
				day	month	year
Address:						
Telephone:			Health Card #:			
Person to contact in case of emergency:						
Parent/Guardian's Name (if under 18):						
Address:						
Home Tel:		Bus Tel:		Cell #:		
Relationship to Player:						
Family Doctor:			Tel:			
IMPORTANT						
Are you allergic to drugs, if so what?						
Do you have any allergies (i.e. bee sting, dust, etc), if so what?						
Do you suffer from any serious illnesses (please check)						
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other						
If you indicated Other please provide details of the illness.						
Are you on any regular medication, if so what?						
Do you wear contact lenses?						
Other relevant information:						
Signature:			Date:			