HEALTH & EMERGENCY MEDICAL INFORMATION

Player's Name: Last _____ First _____Middle_____

Date of Birth: _____ **Age** _____ **Weight** _____ **Height**_____

Home Address: _____

Father's Name: _____

Home Address: _____

_____

Mother's Name: _____

Home Address: _____

_____

Father's Employer & Phone # _____

Mother's Employer & Phone # _____

Closest Relative other than parent & phone # _____

Others to call in case of an Emergency: _____

Date of Players' last tetanus shot: _____

Does your have any of the following?

Kidney injury/problem	☐ Yes	No ☐
Heart condition/problem	☐ Yes	No ☐
Seizure disorders	☐ Yes	No ☐
Diabetes	☐ Yes	No ☐
Asthma	☐ Yes	No ☐
Hearing problems	☐ Yes	No ☐
Vision problems/glasses	☐ Yes	No ☐

Allergies:

Drugs	☐ Yes	No ☐	Which ones _____
Foods	☐ Yes	No ☐	Which ones _____
Adhesive Tape	☐ Yes	No ☐	
Other	☐ Yes	No ☐	What_____

Please fully explain if you answered YES to any of the above:

_____

_____

_____

_____

_____

Are there any medical conditions/concerns not mentioned above that need to be shared?

_____

_____

_____

Have you had any surgeries/operations in the last year? Explain fully if YES.

_____

_____

_____

FAMILY DOCTOR

Name/Practice Name: _____ Phone # _____

Address:_____

I grant to permission to contact above named Doctor if medically necessary. Check one: ☐ YES ☐ NO

HEALTH/MEDICAL INSURANCE PLAYER IS COVERED UNDER

Company: _____

Policy No.:_____ Address: _____

I certify that the above information is correct and current and I understand it is my responsibility to update or supplement the information in the event changes need to be made.

Printed Name: _____

Signature: _____ Date: _____

If unable to sign - typed name _____

**The typing of my name is my acknowledgment and intended to represent my signature.