



MEDICAL INFORMATION FORM

Photocopy and complete one per player. Completed forms to be carried in First Aid Kit and accompany child to the hospital in the event of an emergency.

Participant Name: _____

Address: _____

Age: _____ Gender: _____ Birthdate (mm/dd/yyyy): _____

Medicare number: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell: _____

	YES	NO	DETAILS
Allergies _____			
Asthma (Respiratory) _____			
Blackouts/Fainting _____			
Chest pain _____			
Diabetes _____			
Epilepsy _____			
Hearing Disorder _____			
Heart Condition _____			
Recurring Headaches _____			
Seizures _____			
Glasses _____			
Contact Lenses _____			
Medications _____			
Injuries (specify) _____			
Other (including recent surgery) _____			

*Permission for Coach to administer Medication: YES NO

If yes, please list medication (Tylenol, insulin, inhaler, etc.) and instructions:

I/We, _____ hereby give permission for any and all medical and/or dental attention to be administered to my/our child, _____ in the event of accident, injury or sickness, under the direction of the bearer of this form, until such time as I/we may be contacted.

Signature(s): _____ Date: _____

Source: Adapted from Teaching the Basics Manuals, Premier's Sport Awards Program, 2004.