

## Debden Minor Sport Medical

Player Medical Information Sheet

**Name:** \_\_\_\_\_

Date of Birth: Day: \_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Health Number: \_\_\_\_\_

**Address:** \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Person to contact in case of accident or emergency, if parents are not available.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Address:** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Provide any medical conditions that the coaches and managers need to be aware of: including concussion history, Epileptic, glasses, contact lens dental equipment, Asthma, breathing issues, Heart Condition, Allergies, any injuries requiring medical attention in the past year.

Please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Recent Injuries:** \_\_\_\_\_

**Last Tetanus Shot:** \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

\*Any medical condition or injury should be checked by your physician before participating in a sports program. I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event that no one can be contacted; team management will take my child to hospital/M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_