

MEDICAL HISTORY CARD

Please complete and return to manager ASAP

Players Name: _____ Age: _____ Date of Birth: _____

Phone: _____ Cell Phone: _____

Address & Postal Code: _____

E-mail address _____

Players Height: _____ Players weight: _____

Parents Names: _____ Work Phone: _____ Cell: _____

_____ Work Phone: _____ Cell: _____

Health Card # (optional) _____ Family Doctor/Phone: _____

Emergency contact:

name: _____ relationship: _____ Phone: _____

name: _____ relationship: _____ Phone: _____

Major injuries or bone fractures in last 2 years:

Significant medical conditions (eg: epilepsy, diabetes, allergies):

Medications taken regularly (excluding vitamins):

Any other medical conditions/concerns:

Last tetanus booster (check one) Less than 3 years 3-5 years more than 5 years

Parent Signature: _____

Date: _____