

## Player Pre-Existing Medical Consideration

If a player is injured and needs to be transported to a hospital it will be useful in certain cases if knowledge of pre-existing medical conditions are available to hospital staff. An example would be in the case of a head injury where information regarding pre-existing medical conditions could not be given by the player.

### PLAYER EMERGENCY INFORMATION CARD

Player's Name	Date of Birth:        /        / day        month        year
Address:	
Telephone:	Health Insurance #:
Person to contact in case of emergency:	
Parent/Guardian's Name (if under 18):	
Address:	
Home Telephone:	Business Telephone:
Mobile #:	E-Mail:
Relationship to player:	
Family Doctor:	Telephone:

#### **Important**

Are you allergic to any drugs, if so what?	
Do you have any allergies (I.e. bee sting, dust, peanuts, oranges, etc.)?	
Do you suffer from any serious illness (please check): 1. Asthma _____ 2. Diabetes _____ 3. Epilepsy: _____ 4. Other: _____	
Are you on any regular medication, if so what?	
Do you wear contact lenses?	
Other relevant information?	
Signature:	Date: