

Personal and Medical Emergency Information



Last Updated: June 2007

Last Name: _____	Birth Date: _____
First Name: _____	Day/Month/Year

MOTHER'S NAME: _____	FATHER'S NAME: _____	
PHONE NO : () _____	PHONE NO: () _____	
CELL NO.: (____) _____	CELL NO.: (____) _____	
ALTERNATE NO. (____) _____	ALTERNATE NO.: (____) _____	
ALTERNATE EMERGENCY CONTACT: _____	RELATION: _____	
EMERGENCY CONTACT NO.: (____) _____		
HOME ADDRESS: _____	CITY: _____	POSTAL CODE: _____
E-MAIL ADDRESS: _____		
SIGNATURE OF PARENT/GUARDIAN: _____		
DATE: _____		

CONFIDENTIAL MEDICAL INFORMATION

CARE CARD NO: _____ YEAR OF LAST TETANUS SHOT _____

PHYSICIAN'S NAME: _____ PHONE NO.: _____

LIST ALLERGIES: (please include any Drug allergies)

LIST ANY MEDICAL CONDITIONS (Asthma, Diabetes, Epilepsy, ETC...):

REGULAR AND /OR CURRENT MEDICATION: _____

DOES PLAYER WEAR GLASSES OR CONTACT LENSES: _____

ANY OTHER ESSENTIAL INFORMATION:

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____