

PLAYER PRE-EXISTING MEDICAL CONSIDERATION

If a player is injured and needs to be transported to hospital it will be useful in certain cases if knowledge of pre-existing medical conditions are available to hospital staff.

Please fill out the following form with your child's information so it can be kept on record by his/her coach.

Player Emergency Information Card

Player's Name: _____

Parent/Guardian's Name (if under 18): _____

Address: _____

Date of Birth: Day _____ Month _____ Year _____

Telephone: (H)_____ (W)_____ (Cell)_____

Health Insurance #: _____

Person to contact in case of emergency (other than parent/guardian) _____ Telephone: _____

Family Doctor: _____ Telephone: _____

IMPORTANT:

Are you allergic to any drugs? If so, which ones? _____

Do you have any other allergies (ie. bee stings, food dust)? _____

Do you suffer from any serious illness? (Please check ✓)

Asthma _____ Diabetes _____ Epilepsy _____ Other(specify) _____

Are you on any regular medication? If so, what? _____

Do you wear contact lenses? Yes No

Other relevant information: _____

Signature

Date