



Confidential Medical and Emergency Contact Information

(To be kept on file by coach or manager)

Player Information

Name: _____ Telephone: (_____) _____

Address: _____

City: _____ Postal Code: _____

Birth date: _____ Email Address: _____
(Month / Day / Year)

Care Card #: _____ Physician's Name: _____ Telephone: _____

Medical Issues

Ongoing illnesses or conditions such as asthma, diabetes, heart disease, epilepsy, headaches, etc:

Recent injuries or surgery (please include dates): _____

Allergies: _____

Current medications and/or treatments: _____

Year of last tetanus immunization: _____

Emergency Contact Information (if parent/guardian is unavailable)

Name: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Name: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Name: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____