

Player Emergency Information

Player's Name:	Date of Birth: _____ / _____ / _____ <div style="text-align: center; font-size: small; margin-top: 5px;"> day month year </div>
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Address:

Home Telephone:	Health Card #:
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Parent/Guardian Name(s):

Person to contact in case of emergency

Name:

Address:

Evening Tel:	Daytime Tel:
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Relationship to Player:	Cell Phone:
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Family Doctor's Name:	Doctor's Tel:
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Medical History

Is the player allergic to any drugs? If so what?
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Does the player have any other allergies (e.g. bee sting, dust, pollen):
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Does the player suffer from any other condition/illness (please check/specify):
<input type="checkbox"/> Asthma: <input type="checkbox"/> Diabetes: <input type="checkbox"/> Epilepsy: <input type="checkbox"/> Other: _____

Is the player on any regular medication? If so, what?

Does the player wear contact lenses? _____ Yes _____ No

Other relevant information?

Signature:	Date:
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