CAMBRIDGE HIGHLANDERS

PLAYER MEDICAL INFORMATION FORM

Name: _____ DOB: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone #: _____ Health Card #: _____

Mom's Name: _____ Home Phone #: _____

Cell Phone #: _____

Dad's Name: _____ Home Phone #: _____

Cell Phone #: _____

Person to contact in case of accident or emergency if parents are not available:

Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Please check the appropriate response below pertaining to the participant:

YES	NO		YES	NO	
☐	☐	Previous history of concussions	☐	☐	Diabetic
☐	☐	Fainting episodes during exercise	☐	☐	Medication
☐	☐	Epileptic	☐	☐	Allergies
☐	☐	Wears glasses	☐	☐	Wears a medic alert bracelet/necklace
☐	☐	Are lenses shatterproof?	☐	☐	Surgery in the last year
☐	☐	Wears contact lenses	☐	☐	Hospitalized in last year
☐	☐	Hearing problem	☐	☐	Injury requiring medical attention in the past year
☐	☐	Asthma	☐	☐	Illness lasting more than a week in the past year
☐	☐	Trouble breathing during exercise	☐	☐	Health issue that would interfere with participation on a lacrosse team
☐	☐	Heart condition			

Please give details below if you answered "Yes" to any of the above items. Use separate sheet if necessary .

_____

_____

_____

_____

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Medications:

_____

_____

Allergies:

_____

_____

Medical Conditions:

_____

_____

Recent Injuries:

_____

_____

Date of last tetanus: _____ Date of last physical exam: _____

Any information not covered above:

_____

_____

_____

_____

_____

Any medical condition or injury problem should be checked by your physician before participating in a lacrosse program.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to the hospital/M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatement of my child. I also authorize release of information to appropriate people (coach, trainer, physician) as deemed necessary.

Date: _____ Signature of guardian: _____


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