

## Player Medical Information Card

Players Name:		Date of Birth:				
				day	month	year
Address:						
Telephone:			Health Card #:			
Person to contact in case of emergency:						
Parent/Guardian's Name (if under 18):						
Address:						
Home Tel:		Bus Tel:			Cell #:	
Relationship to Player:						
Family Doctor:			Tel:			
<b>IMPORTANT</b>						
Are you allergic to drugs, if so what?						
Do you have any allergies (i.e. bee sting, dust, etc), if so what?						
Do you suffer from any serious illnesses (please check)						
<input type="checkbox"/> Asthma		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Other
If you indicated Other please provide details of the illness.						
Are you on any regular medication, if so what?						
Do you wear contact lenses?						
Other relevant information:						
Signature:			Date:			