



### 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 is available to hospital staff. An example would be in the case of a head injury where information regarding pre-existing medical conditions could not be given by the player.

- This Medical Emergency Form must be completed by each team player or parent/guardian if player is under 18 years of age and submitted to the Coach.
- Coaches will bring the completed forms to each game and practice.

<b>Player Emergency Information Card</b>	
Players Name:	Date of Birth:     /     / Day   Month   Year
Full Address:	
Telephone:	Health Insurance #
Person to contact in case of emergency:	
Parent/Guardian Name :	
Full Address (if different than player):	
Home Telephone:	Cell/business phone:
Relationship to player:	
Family Doctor Name:	Family Doctor Telephone:
<b>IMPORTANT</b>	
Are you allergic to any drugs, if so what?	
Do you have any other allergies? (E.g. bee sting etc.)	
Do you suffer from any serious illness (please check) Asthma_____ Diabetes_____ Epilepsy_____ Other_____	
Are you on any regular medication, if so what?	
Do you wear contact lenses?	
Other relevant information:	
Signature:  _____	Date:  _____
(parent/guardian if player under 18)	