

**PLAYER'S MEDICAL HISTORY INFO**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers in Case of an Emergency:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Alternate Contact Person:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Record of Illness:

Please list any medical condition that the Club should know about in case of an emergency (for example, allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Medication your child is taking: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL INFORMATION IS CONFIDENTIAL**

