

SBSA Player Medical Information Sheet

Name: _____ DOB: _____

Health Card #: _____

Mother Name: _____ #: _____

Father Name: _____ #: _____

Emergency Contact: _____ #: _____

Doctors Name: _____ #: _____

Dentists Name: _____ #: _____

Please circle the appropriate response below pertaining to your child.

- | | | | | | |
|---|---|---|---|---|-------------------------|
| Y | N | previous history of concussions | | | |
| Y | N | fainting episodes during exercise | | | |
| Y | N | Epileptic | | | |
| Y | N | Wears Glasses | Y | N | are lenses shatterproof |
| Y | N | Wears contact lenses | | | |
| Y | N | Wears a dental appliance | | | |
| Y | N | Hearing problem | | | |
| Y | N | Asthma/Trouble breathing during exercise | | | |
| Y | N | Heart condition | | | |
| Y | N | Diabetic | | | |
| Y | N | Has had a medical condition that lasted more than a week in last year | | | |
| Y | N | Medical condition that would interfere with participation in sports | | | |
| Y | N | Hospitalised the last year | | | |
| Y | N | Presently injured | | | |

Medications _____

Allergies _____

Recent Injuries _____

Any information not covered above _____

I understand that it is my responsibility to keep the team advised of any change in the above, and in the event that no one can be contacted team mangament will take my child to hospital if deemed necessary. I authorize release of information to appropriate people as deemed necessary.

Date: _____ Parent/Gaurdian Signature: _____