

Sooke Minor Fastball Association

Player Medical Information

Player's Full Name: _____

Date of Birth: (m) _____ (d) _____ (y) _____

Primary *Contact: _____ ph: _____

Alternate *Contact: _____ ph: _____

* please also note Contact's relationship to Player

Family Doctor: _____ ph: _____

CareCard Number: _____

Relevant Medical Information:

(please list: allergies, previous injuries, medications, dental appliances, eyeglasses/contact lenses, hearing aids any other significant health information)

Does the player carry and know how to administer his/her own medication?

Yes No (please circle) If yes, give details: _____

Other conditions (recent illness, hospitalization, behavioural and/or physical)

Player medical information is kept private and confidential at all times. It is however necessary for a Coach, Manager, or Team Safety Person to have access to this information if deemed necessary. Only authorized individuals will have access to Player's medical information, which must be kept with the team at all times.

In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Print Name: Parent / Guardian _____

Signature: _____ Date: _____