

PLAYER MEDICAL INFORMATION

Name: _____
Person to contact
in case of _____
emergency

Date of Birth: (D) _____ (M) _____ (y) _____
Phone
Number: (Day) _____ (Evening) _____

Alternate Contact: _____

Phone
Number: (Day) _____ (Evening) _____

Family Doctor: _____

Phone
Number: _____

Health Insurance # _____

Relevant Medical History

Medications: _____

Allergies: _____

Previous Injuries: _____

Does the player carry and know how to administer his or her own medication? Yes _____ No _____

Other conditions: _____

Note: Medical information is confidential. Only authorized individuals have access to this card. Keep this card with the team at all times.

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