



PLAYER MEDICAL INFORMATION CARD

NAME _____ CURRENT AGE: _____ DATE OF BIRTH: D / M / Y _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY PHONE: WORK _____ HOME _____ CELL/PAGER _____

ALTERNATIVE CONTACT _____ PHONE: WORK _____ HOME _____ CELL/PAGER _____

FAMILY DOCTOR _____ PHONE: _____ HEALTH INSURANCE # _____

**RELEVANT
MEDICAL
HISTORY**

MEDICATIONS: _____ ALLERGIES _____

PREVIOUS INJURIES _____

DOES PLAYER CARRY AND KNOW HOW TO ADMINISTER HIS/HER OWN MEDICATIONS? YES NO

OTHER CONDITIONS (BRACES, CONTACT LENSES, ETC.) _____

NOTE: Medical information is confidential. Only authorized individuals should have access to this card. Keep this card with the team at



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