" Playing the game one pitch at a time"

Ridge Meadows Minor Softball Association

MEDICAL INFORMATION SHEET

Name:_____

Date of birth: Day _____ Month _____ Year _____

Address:_____

Postal Code: _____ Telephone: (____) _____ Cell: (____) _____

Provincial Health Number : _____

Parent's Name:_____ Parent's Name: _____

Business Telephone Numbers:

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Alternate emergency contact (if parents are not available)

Name: _____ Relationship to Player:_____ _____

Telephone: (____) _____ Cell: (____) _____

Doctor's Name:_____ Telephone: (____) _____

Dentist's Name:_____ Telephone: (____) _____

Date of last complete physical examination: _____
* Before a player participates any medical condition or injury problem should be checked by that individual's family physician.

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes	No	Medication
Yes	No	Allergies
Yes	No	Previous history of concussions
Yes	No	Fainting episodes during exercise
Yes	No	Seizures and/or epilepsy
Yes	No	Wears glasses
Yes	No	Are lenses shatterproof
Yes	No	Wears contact lenses
Yes	No	Wears dental appliance
Yes	No	Hearing problem
Yes	No	Asthma
Yes	No	Trouble breathing during exercise

Name:_____

Yes No Heart Condition

Yes No Family history of heart disease

Yes No Diabetes – Type 1_____ Type 2_____

Yes No Wears a medical information bracelet or necklace
For what purpose? _____

Yes No Has any health problem that would interfere with participation

Yes No Has had an illness that lasted more than a week and required medical attention in the past year

Yes No Has had injuries requiring medical attention in the past year

Yes No Has been admitted to hospital in the last year

Yes No Surgery in the last year

Yes No Presently injured. Injured body part: _____

Yes No Vaccinations up to date. Date of last Tetanus Shot:_____

Yes No Hepatitis B vaccination

Please give details if you answered “Yes” to any of the above. Use separate sheet if necessary

_____

_____

_____

Medications:_____

Allergies: _____

Medical conditions: _____

Recent injuries:_____

Any information not covered above: _____
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I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. 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.

Date: _____Signature of Player: _____

Date: _____Signature of Parent or Guardian: _____