Player Medical Information Form

Event: _____

Date: _____

Confidential. Kept by the coach or team manager for emergencies only.

PLAYER

Name: _____ **Date of birth:** _____ **Blood type:** _____

CONDITIONS

- ☐ Asthma (inhaler location below)
- ☐ Diabetes
- ☐ Heart condition
- ☐ Recent surgery or injury
- ☐ Severe allergy / anaphylaxis
- ☐ Epilepsy / seizures
- ☐ Previous concussion
- ☐ Other

MEDICATION

MEDICATION	DOSE	WHEN	WHO GIVES IT

DOCTOR & INSURANCE

Doctor: _____ **Phone:** _____

Insurer: _____ **Policy number:** _____

EMERGENCY CONTACTS

Contact 1: _____ **Relationship:** _____ **Phone:** _____

Contact 2: _____ **Relationship:** _____ **Phone:** _____

CONSENT

I authorise team staff to seek emergency medical treatment for the player named above if I cannot be contacted.

Parent / guardian signature: _____ **Date:** _____