PLAYER/COACH MEDICAL INFORMATION FORM

To be carried by OFM/Manager to games as part of EAP. The purpose of this information is to ensure medical personnel have pertinent details of any medical issue.

In case of emergency, I hereby authorize my child to be treated by certified Emergency Personnel (i.e, EMT, First Responder, ER doctor)

AB Health Care #: _ _ _ _ _ -_ _ _ _

DOB (dd/mmm/yyyy): _ _ /_ _ _ /_ _ _ _

Name: _____

Mailing Address: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Mothers: Cell: _____ Email: _____

Fathers: Cell: _____ Email: _____

FOR EMERGENCY NOIFICATION: If parent/guardian cannot be reached in case of emergency, contact

Name: _____ Relationship:_____

Address: _____Cell: _____ Email: _____

Name: _____ Relationship:_____

Address: _____Cell: _____ Email: _____

Family Dr Name: _____ Last Physical: _____ Tetanus Shot: _____

Please check 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 or seizure during or after physical activity
Yes ☐ No ☐ Near fainting or Brownouts
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
Yes ☐ No ☐ Heart Condition
Yes ☐ No ☐ Palpitations or Racing Heart
Yes ☐ No ☐ Family history of heart disease
Yes ☐ No ☐ Family history of unexpected death during physical activity
Yes ☐ No ☐ Family history of unexplained death of a young person
Yes ☐ No ☐ Diabetes – Type 1____ Type 2_____
Yes ☐ No ☐ Wears medical information bracelet/necklace For what purpose? _____

Yes ☐ No ☐ Health problem that would interfere with participation on a baseball team
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 ☐ 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:_____ Recent injuries: _____

Allergies: _____ Any information not covered above: _____

Medical conditions: _____ _____

Player Signature:_____ Date:_____

Parent/Guardian: _____ Date:_____