



Medical Information Form

Player Name: _____

Date of Birth(mm/dd/yy): _____

Home Address: _____

Softball BC #: _____

	Mother	Father
Name		
Phone #		
Cell #		
Alternate #		
Email		

	Emergency Contact #1	Emergency Contact #2
Name		
Phone #		
Relation		

PLAYER CONFIDENTIAL MEDICAL INFORMATION _____

(Player Name)

Height: _____ Weight: _____

Care Card #: _____

Other Insurance Coverage: _____

Family Doctor and contact #: _____

Last Tetanus Shot: _____ Player wears glasses or contacts: _____

List Allergies: (please include any drug allergies)

List any medical conditions (Asthma, Diabetes, Epilepsy...)

Regular and/or Current Medication

Any other information:

Signature of Parent/Guardian: _____

(Signature)

(Date)

PLEASE MAKE SURE YOU KEEP THIS INFORMATION CURRENT DURING THE SEASON