

Appendix C: Medical Information

PLAYER MEDICAL INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH: D/M/Y
PERSON TO BE CONTACTED IN CASE OF EMERGENCY:	PHONE: DAY	EVENING
ALTERNATIVE CONTACT	PHONE: DAY	EVENING
FAMILY DOCTOR	PHONE	HEALTH INSURANCE NUMBER
MEDICATIONS		
ALLERGIES		
PREVIOUS INJURIES		
DOES THE PLAYER CARRY AND KNOW HOW TO ADMINISTER OWN MEDICATIONS?	YES	NO
OTHER CONDITIONS (BRACES, CONTACT LENSES, ETC.)		

**Medical information is confidential.
Only authorized individuals should have access to this card.
Keep this card with the team at all times.**



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