

## FORT GARRY LIONS FOOTBALL CLUB EMERGENCY MEDICAL INFORMATION – 2017

(To Be Completed By Parent /Legal Guardian)

NAME: \_\_\_\_\_ DATE OF BIRTH (M/D/Y): \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: HOME: ( \_\_\_ ) \_\_\_\_\_ CELL: ( \_\_\_ ) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: ( \_\_\_ ) \_\_\_\_\_

PROV. HEALTH NO.: \_\_\_\_\_ (6 Digit) \_\_\_\_\_ (9 Digit)

EXTENDED INSURANCE: \_\_\_\_\_  
(I.E. BLUE CROSS, STUDENT ACCIDENT, etc.)

### PREVIOUS MEDICAL HISTORY

1. <input type="checkbox"/> Headaches	6. <input type="checkbox"/> Hay fever	11. <input type="checkbox"/> Dislocation	16. <input type="checkbox"/> Varicose Veins
2. <input type="checkbox"/> Fainting Spells	7. <input type="checkbox"/> Asthma	12. <input type="checkbox"/> Allergies	17. <input type="checkbox"/> Hernia
3. <input type="checkbox"/> Epilepsy	8. <input type="checkbox"/> Heart Disease	13. <input type="checkbox"/> Broken Bones	18. <input type="checkbox"/> Joint Injury
4. <input type="checkbox"/> Backache	9. <input type="checkbox"/> Frequent Nose Bleeds	14. <input type="checkbox"/> Diabetes	19. <input type="checkbox"/> Concussion
5. <input type="checkbox"/> Reynaud's Disease	10. <input type="checkbox"/> Smoking	15. <input type="checkbox"/> Hypertension	

DO YOU HAVE ANY EXISTING MEDICAL CONDITIONS? PLEASE INCLUDE HOW LONG YOU HAVE HAD THE CONDITION AND IF IT REQUIRES MEDICATION AND SIDE EFFECTS (including things not listed above):

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PLEASE LIST ANY ALLERGIES YOU HAVE & MEDICATIONS YOU HAVE IN YOUR POSSESSION IN CASE OF A REACTION (Pollen, Bees, Latex, Chemical Sprays, Tape, Drugs, etc.):

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PLEASE LIST ANY PREVIOUS INJURIES THAT REQUIRED MEDICAL ATTENTION, HOSPITALIZATION, OR SURGERY: PLEASE SPECIFY YEAR, INJURY, LEFT/RIGHT

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DO YOU HAVE ANY EXISTING INJURIES? IF SO PLEASE SPECIFY.

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HAVE YOU EVER HAD A CONCUSSION? YES NO

IF YES, HOW MANY \_\_\_\_ DATE OF LAST ONE (MONTH/YEAR): \_\_\_\_\_

DO YOU WEAR CONTACTS? YES NO

ADDITIONAL INFORMATION NOT COVERED IN THE ABOVE QUESTIONS:

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Team (please circle): CRUNCHER ATOM PEE WEE BANTAM

I hereby declare that all the answers recorded above are complete and true, and acknowledge that all medical information will be kept with the team and shall be given to authorized emergency medical personnel in the event of an emergency.

PLAYERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_