PLAYER MEDICAL INFORMATION CARD				
Player Name:	DOB:			
		Day	Month	Year
Address:	Telephone:			
Health Card No:				
Person to Contact in case of Emergency:				
Parent/Guardian Name (Under 18):				
Address:				
Home Phone:	Cell No:		Bus:	
Relationship to Player:				
Family Doctor:	Phone Number:			
Important Info:				
Are you allergic to any medications, if so what?				
Do you suffer from any serious illnesses (please check) ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Other Please provide the details:				
Are you on any regular medication, if so, what?				
Do you wear contact lenses? Yes No				
Other relevant information:				
_____ Signature	_____ Date			