



Surrey Canadian Baseball Association
#151, 10090 152nd Street, Box 308, Surrey BC V3R 8X8
Registration: 604 582-7387 Website: www.surreycanadian.com
Email: register@surreycanadian.com

SCBA Medical Awareness Form

Player Name: _____ CareCard Number: _____

Birthdate (dd/mm/yyyy): _____

Address: _____

Home Phone Number: _____ Cell-Number: _____

Emergency Contact	Name	Phone Number	Cell Number
Family Doctor:			
Mother:			
Father:			
Alternate Contact:			

1. Are you aware of any allergies to medications (or food): Y N
2. Do you have a Heart Condition?: Y N
3. Do you have Asthma/Bronchitis? Y N
4. Do you have Epilepsy?: Y N
5. Are you Diabetic?: Y N
6. Do you wear medically prescribed glasses/sunglasses/contacts?: Y N
7. Other (specify): _____

Please explain all details of any question(s) answered with Yes or details of medical condition if other:

Medication name(s) and dosage:

To the best of my knowledge all the information contained on this sheet is correct
(If under 18, please have a parent or legal guardian sign.)

Legal Guardian Signature or player if over 18: _____ Date: _____

For Office Use only	Division:
Team:	Coach: