

MAJOR Player Medical Information Sheet

For Office Use Only

Team: MAJOR

Name: _____ DOB: Day _____ Month _____ Year _____

MB Health Number: _____ Weight: _____ Yrs. Exp.: _____
(9 digit number)

Contact Numbers - Home: _____ Work: _____ Cell: _____

E-Mail: (PRINT NEATLY) _____

Emergency contact:

Name: _____ Relationship to Player: _____

Contact Numbers - Home: _____ Work: _____ Cell: _____

Doctor's Name: _____ Phone: _____

Please circle the appropriate response below pertaining to your child

- | | | | | | |
|-----|----|---|-----|----|--------------------------|
| Yes | No | History of concussions | Yes | No | Epileptic |
| Yes | No | Glasses/Contact lenses | Yes | No | Hearing problem |
| Yes | No | Asthma | Yes | No | Heart Condition |
| Yes | No | Diabetic | Yes | No | Medication |
| Yes | No | Allergies (Please specify below) | Yes | No | Surgery in the last year |
| Yes | No | Injuries requiring medical attention in past year | | | |

If you answered "Yes" to any of the above please provide details:

Medications: _____

Allergies: _____

Any additional information: _____

*Any medical condition or injury problem should be checked by your physician before participating in a football program

I understand that it is my responsibility to keep the team management advised of any changes in the above information as soon as possible. In the event of an emergency, I authorize team management to transport me to hospital/M.D. if deemed necessary.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature: _____