



Milton Mavericks Player Medical Emergency Information Sheet

NOTE: THIS FORM SHOULD BE FILLED IN COMPLETELY AND PLACED IN AN SEALED ENVELOPE. WE WILL ONLY OPEN IF NECESSARY, ALL UNUSED INFORMATION WILL BE RETURNED TO THE PLAYER'S PARENTS IN THE ORIGINAL ENVELOPE.

Player Name: _____ Player Birth Date: _____

Player Address: _____

Player Health Card Number: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Address (if different from above): _____

Contact Person if Parent is Unavailable: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Medical Conditions (past or present, that may affect or be affected by performance, for example - Asthma, Diabetes, Heart Disease, Seizures, etc.): _____

Specify other problems (past or present, for example Headaches, Blackouts, Chest Pain, etc.):

Are corrective lenses required?: Yes or No (please circle)

Immunization: Year of last tetanus shot: _____

List allergies and/or medications taken regularly: _____

Date: _____ Signature: _____