North Perth Lacrosse Association

Medical Information Sheet

Please Print

Today's Date:

Players Information

Last name:	First:	Middle:

Birthdate: (month/day/year) Age: Sex: ☐M ☐F

Street Address:	Home Phone: Cell:

Health card number:

Date of last physical examination:

Before a player participates in a lacrosse program, any medical condition or injury should be checked by the individual's family doctor.

Doctors Name:		Telephone:
Dentist's Name:		Telephone:

Please check the appropriate response and provide details below if you answer "YES" to any questions

Y	N	Condition	Y	N	Condition
		Previous history of concussions Date of Last Concussion:			Medications
		Fainting episodes during exercise			Allergies
		Epileptic			Wears a Medical Bracelet or Necklace
		Wears Glasses			Has Any Health Problem That Would Interfere with Participation on a Lacrosse Team
		Wears Contacts			Has Had An Illness That Lasted More Than A Week & Required Medical Attention In The Past Year
		Hearing Difficulties			Has Had Injuries Requiring Medical Attention In The Past Year
		Asthma			Has Been Admitted To Hospital In The Past Year
		Trouble Breathing During Exercise			Surgery In The Last Year
		Heart Conditions			Presently injured
					Injured Body Part:
		Diabetic: Type1 Type2			Recent Injuries

Please give details if you answered "YES" to any of the above. Use separate sheet if necessary

Any information not covered above:

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Parent Information

Last name:	First:
Cell:	Email:

Parent Information

Last name:	First:
Cell:	Email:

Alternate Emergency Information

Last name:	First:
Cell:	Email:

I understand it is my responsibility to keep the Lacrosse team trainer advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

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

Date: _____ Signature of Parent or Guardian: _____