



PLAYER MEDICAL INFORMATION

Revised: Sep 10, 2010

Player's Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (_____) _____ - _____

Provincial Health Number: _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother: _____ ext _____ Father: _____ ext _____

Cell Phone Numbers: Mother: _____ Father: _____

Person to contact in case of an accident or emergency if the parents are not available.

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Date of last complete physical examination: _____

**before a player participates in a basketball program, any medical condition or injury problem should be checked by that individual's family physician.*

Please circle the appropriate response below pertaining to your child. Provide details below if you answer "yes" to any of the questions.

- | | | |
|-----|----|--|
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Wears glasses |
| Yes | No | Are lenses shatterproof? |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart condition |
| Yes | No | Diabetic – type 1 _____ type 2 _____ |
| Yes | No | Medication |
| Yes | No | Allergies |
| Yes | No | Wears a medic alert bracelet or necklace. For what purpose (detail below)? |

- Yes No Has had an illness lasting more than a week and required medical attention in the past year
- Yes No Does your child have any health problem that would interfere with participation on a basketball team?
- Yes No Surgery in the last year.
- Yes No Has been admitted to a hospital in the last year.
- Yes No Has had injuries requiring medical attention in the past year
- Yes No Presently injured. Injured body part: _____

Please give details below if you answered "Yes" to any of the above items.

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Any information not covered above: _____

Date of last complete physical examination: _____

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

Yes No If yes, explain _____

I understand that it is my responsibility to keep the Niagara Thunder Basketball Club and Head Coach advised of any change in the above information as soon as possible. In the event no one can be contacted, the Head Coach will arrange to take my child to the hospital or physician if deemed necessary.

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

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

Parents Name or Guardian

Signature

Date

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