

NSGFA MEDICAL HISTORY FORM

Emergency Contact and Medical Information

Player's Name

Date of Birth (dd-mm-yyyy)

Parent's/Guardian's Name

Parent's/Guardian's Name

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Phone

()

Mobile

()

Phone

()

Mobile

Address

Address

City, Prov, Postal Code

City, Prov, Postal Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Phone

()

Mobile

()

Phone

()

Mobile

Address

Address

City, Prov, Postal Code

City, Prov, Postal Code

Medical Information

Physician's Name

Phone Number

Care Card Number

Pager / Mobile Phone

Allergies/Special Health Considerations (please complete page 2)

Approval

In the event the Parent/Guardian or Emergency Contacts cannot be reached, I authorize the coach/manager/team first aid attendant to request medical attention as required.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

