



**PLAYER MEDICAL INFORMATION SHEET**

Player Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Telephone Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Person to contact in case of accident or emergency, if parents are not available:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle the appropriate response below pertaining to your child:

<b>Yes No</b> Previous history of concussions	<b>Yes No</b> Trouble breathing during exercise
<b>Yes No</b> Fainting episodes during exercise	<b>Yes No</b> Heart Condition
<b>Yes No</b> Epileptic	<b>Yes No</b> Diabetic
<b>Yes No</b> Wears glasses	<b>Yes No</b> Has had an illness lasting more than a week in the past year
<b>Yes No</b> Are lenses shatterproof?	<b>Yes No</b> Medication
<b>Yes No</b> Wears contact lenses	<b>Yes No</b> Allergies
<b>Yes No</b> Wears dental appliance	<b>Yes No</b> Wears a medic alert bracelet or necklace
<b>Yes No</b> Hearing problem	
<b>Yes No</b> Asthma	

**Yes No** Does your child have any health problem that would interfere with participation on a baseball team?

**Yes No** Surgery in the last year

**Yes No** Has been in hospital in the last year

**Yes No** Has had injuries requiring medical attention in the past year

**Yes No** Presently injured

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

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*(Use separate sheet for more detail if necessary)*

Medications: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medical conditions:** \_\_\_\_\_

**Recent Injuries:** \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

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Date of last complete medical examination: \_\_\_\_\_

*\* Any medical condition or chronic injury should be checked, and the player cleared for activity by your physician before participating in baseball or softball. I understand that it is my responsibility as the Parent or Guardian to ensure my child does not have any medical conditions that might preclude them from participating in BMBA sponsored activities, and to keep the team Head Coach and/or Manager advised of any changes in the medical status of my child as soon as possible.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_