



Oshawa Lady Blue Knights Lacrosse Club

Player Medical Information Form

Name:	
Address:	
Date of Birth:	Age: Home phone # ()
Health Card Number:	
Doctor's Name:	Telephone #:
Dentist's Name:	Telephone #:
Please circle the appropriate response and provide details below if you answer 'YES' to any of the questions:	
Y N	Wears a medical alert bracelet or necklace
Y N	Previous history of concussions. If YES, date of last concussion(s):
Y N	Allergies
Y N	Epileptic
Y N	Wears glasses
Y N	Wears contact lenses
Y N	Wears dental appliance or braces
Y N	Hearing difficulties
Y N	Asthma
Y N	Trouble breathing during exercise
Y N	Heart condition
Y N	Diabetes
Y N	Has had a serious illness/surgery in the past year
Y N	Presently Injured - Body Part:
Y N	Medication(s):
Y N	Other:
If you answered "Yes" to any of the above items, please provide information & details:	



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PARENT (S) INFORMATION			
Mother's Name:	Father's Name:		
Home Phone #:	Home Phone #:		
Cell Phone #:	Cell Phone #:		
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to player:	Home phone #:	Cell phone #:
<p>I understand that it is my responsibility to keep the team Coach and Trainer advised of any change in the above information as soon as possible.</p> <p>In the event of a medical emergency and no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.</p> <p>I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.</p> <p>I also authorize the release of information to appropriate people i.e. coach, trainer, physician as deemed necessary.</p>			
_____ <i>Parent/Guardian signature</i>		_____ <i>Date</i>	

DISCLAIMER: Personal information used, disclosed, secured or retained by Oshawa Lady Blue Knights Lacrosse Club will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.