



St. James Rods Football Club
2010 Player Medical Information

Player name: _____ date of birth: _____

Parent/guardian name: _____

home phone: _____ alternate phone: _____

Emergency contact: _____ phone: _____

Relationship to player: _____

MB Medical #: _____
6 digit family # _____ 9 digit personal # _____

List existing Medical Conditions (allergies, asthma, diabetes, epilepsy, etc): _____

List any surgery (tonsils, etc.) within the past year: _____

Do you wear glasses, contacts, hearing aid, removable denture piece? _____
yes / no

List any current or prior injuries (concussion, fracture, dislocation, joint or muscle pain, etc.)

List existing medications: _____

Provide any other relative information: _____

In case of illness / injury requiring medical care, a signed note from the physician is required prior to the player being allowed to participate in football practice or games.

All information on this sheet is confidential and is for the sole purpose of the management of the player injury/illness affecting football.

parent/guardian signature: _____ date: _____