

# 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

( )

Phone

( )

Mobile

( )

Phone

( )

Mobile

Address

Address

City, Prov, Postal Code

City, Prov, Postal Code

## Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

( )

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

