

MEDICAL INFORMATION FORM

NAME OF PLAYER

DATE OF BIRTH : DD/MM/YY

CONTACT PERSON IN CASE OF EMERGENCY

TELEPHONE

DAY

NIGHT

2ND CONTACT PERSON IN CASE OF EMERGENCY

TELEPHONE

DAY

NIGHT

FAMILY DOCTOR

TELEPHONE

MEDICAL CARD NUMBER

MÉDICAL HISTORY :

MEDICATION IN USE :

ALLERGIES :

PREVIOUS INJURIES :

THE PLAYERS HAVE THEIR OWN MEDICATION AND KNOW HOW TO ADMINISTER IT THEMSELVES? YES NO

OTHER CONDITIONS :

NOTE : ALL MEDICAL INFORMATION GIVEN IS CONFIDENTIAL. IT WILL BE KEPT WITH THE TEAM AT ALL TIMES. ONLY AUTHORIZED PERSONEL ARE AUTHORIZED ACCESS TO THIS FORM.