



EASTMAN RAIDERS

PLAYER MEDICAL INFORMATION FORM

ATTENTION: Team Trainers – This form is to be treated as confidential and **MUST** be in the team trainer's possession **AT ALL TIME.**

Players Information

First Name _____	Last Name _____
Address _____	Postal Code _____ Phone No. _____
Gender _____ Height _____	Weight _____ DOB (M/D/Y) _____
Parent(s)/Guardian(s) _____	Phone _____ Cell _____
	Phone _____ Cell _____
Emergency Contact _____	Phone _____ Cell _____
	Phone _____ Cell _____
Family Doctor _____	Phone _____ Cell _____
Date of Last Tetanus Booster (M/D/Y) _____	
Manitoba Health No. (6 Digit) _____	PHIN No. (9 digit) _____
Manitoba Blue Cross No. _____	Subscriber _____

Is the Player taking any medications for which a prescription is required? Y N

If Yes, please specify

Does the player wear a Medical Alert bracelet/necklace? Y N

If Yes, please specify the reason

Has the player ever had or have:

	Y	N		Y	N		Y	N
Head Injury			Diabetes			Chest Pain		
Seizures			Blood Transfusion			Heart Problems		
Neck/Back Disorder			Hepatitis			Ulcers		
Fainting Spells			Thyroid Disorder			Bowel Problems		
Psychiatric Disorder			Allergies			Urinary Infections		
Eye Problems			(Specify)			Kidney Problems		
Glasses/Contact			Fractures			Menstrual Problems		
Nose Bleeds			(Specify)			Recent Within One Year:		
Dental Problems			Surgery			Infectious Diseases		
Deafness/Ear Problems			(Specify)			Head Injury		
Asthma						Major Surgery		
Bronchitis						Traumatic or Overuse Injury		

In the event of a minor injury or illness as a result of football activities, I hereby consent to the trainers of the Eastman Raiders Football Club to administer first aid to my child. Should a more serious injury/illness occur I hereby consent to the trainers of the Eastman Raiders Football Club the Trainers will summon emergency medical services and qualified medical attention.

Parent Guardian Signature _____ Date _____