

MEDICAL INFORMATION

(Please Print)

Players Name: _____

Family Doctor: _____

Doctors phone number: _____

Family Dentist: _____

Dentist phone number: _____

Should an injury occur, I wish you would contact: _____

His/Her phone number: _____

If there is a choice, the hospital that I prefer to be taken to is:

Hospital phone number: _____

Please list any allergies, medical conditions and medications.

Parent/ Guardian Signature: _____

Date: _____