



Player Medical Information Form

Varsity Football

Please provide us with any medical information that would be applicable.

Alt. Emergency Contact Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Insurance Number: _____

Medications

Is the player on any current medication? Yes No

Does the player carry any medication with them? Yes No

If Yes: _____

Does the player know how to administer his or her own medications?

Yes No

Allergies

Previous Injuries or surgeries (please list within the last year)

Relevant Medical History