

PLAYER’S MEDICAL HISTORY (to be completed by parent/guardian)

Note: The below information will ONLY be used in the event of a medical emergency

**Player’s name**:

Birth date: SEX

Address:

Family Physician:

Phone:

**First ball:** \_\_\_\_\_

**Baseball:**

U9 Rookie \_\_\_\_\_ U11 Mosquito \_\_\_\_\_ U13 Peewee \_\_\_\_\_ U15 Bantam \_\_\_\_\_ U18 Midget \_\_\_\_\_

**Softball:**

Mites U10 \_\_\_\_\_ Squirts U12\_\_\_\_\_ Peewee U14 \_\_\_\_\_ Bantam U16 \_\_\_\_\_ Midget U18 \_\_\_\_\_

**Parent/Guardian/Emergency Contact** (in order of preferred contact)

Name:

Relationship:

Phone: Work: Cell:

Name:

Relationship:

Phone: Work: Cell:

Does your child suffer from or taking medication (Y/N)

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Headaches \_\_\_\_\_ Seizures \_\_\_\_\_

Allergies \_\_\_\_\_ Epi-pen (Y/N) Current Medications \_\_\_\_\_ other \_\_\_\_\_

Describe:

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_