GREATER SACKVILLE BALL LEAGUE – SACKVILLE MINOR SOFTBALL
PLAYER MEDICAL INFORMATION 2010

www.gsbl.ca

Last Name	First Name	Initial

Date of Birth (DD/MMM/YYYY)	Provincial Health Card No. & Expiry Date	Gender

Mailing Address	City	Postal Code

Emergency Contact	Home Phone	Work Phone	Cellular Phone

Emergency Contact	Home Phone	Work Phone	Cellular Phone

Health History	Yes	No	Details
Allergies	☐	☐	
If **Yes**, does your child carry an Epipen?	☐	☐	
Asthma or other respiratory problems	☐	☐	
If **Yes**, does your child carry a "Puffer"?	☐	☐	
Blackouts or fainting	☐	☐	
Chest pain	☐	☐	
Concussion or brain injury	☐	☐	
Diabetes	☐	☐	
Epilepsy or seizure disorder	☐	☐	
Eyeglasses or contact lenses	☐	☐	
Hearing disorder	☐	☐	
Heart condition	☐	☐	
Injuries (specify)	☐	☐	
Mental health conditions	☐	☐	
Medications	☐	☐	
Recent surgery	☐	☐	
Other health concerns?	☐	☐	

Signature of Parent or Legal Guardian **Date**