



Norwich-Otterville Minor Baseball



Player Medical Information

PLEASE PRINT CLEARLY

Player's Name: _____

Address: _____

Birth Date: _____ Age: _____ Gender: M F

Health Card # _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Health History

Details

Allergies.....☐ yes ☐ no _____

Asthma (Respiratory).....☐ yes ☐ no _____

Blackouts/Fainting.....☐ yes ☐ no _____

Chest Pain.....☐ yes ☐ no _____

Diabetes.....☐ yes ☐ no _____

Epilepsy.....☐ yes ☐ no _____

Hearing Disorder.....☐ yes ☐ no _____

Heart Condition.....☐ yes ☐ no _____

Recurring Headaches.....☐ yes ☐ no _____

Seizures.....☐ yes ☐ no _____

Glasses.....☐ yes ☐ no _____

Contact Lenses.....☐ yes ☐ no _____

Injuries (specify).....☐ yes ☐ no _____

Medications (specify).....☐ yes ☐ no _____

Concussion.....☐ yes ☐ no _____

Mental Health Issues.....☐ yes ☐ no _____

Other (including recent surgery)☐ yes ☐ no _____

Other: _____

I understand that it is my responsibility to keep Norwich-Otterville Minor Ball team management advised of any change in the above information as soon as possible and that in the event of an emergency whereby no one can be contacted; team management will take my child to the hospital if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination and necessary treatment of my child. I also authorize release of this information to the appropriate people (team management and medical staff) as deemed necessary.

Date: _____ Signature of Parent/Guardian: _____