



JARVIS MINOR BALL MEDICAL INFORMATION SHEET



TO BE USED IN CONJUNCTION WITH REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME OF CHILD	DATE OF BIRTH MM/DD/YYYY
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ALTERNATE EMERGENCY CONTACT (IF PARENTS ARE NOT AVAILABLE)

NAME	RELATIONSHIP
HOME TELEPHONE #	CELL #
DOCTOR'S NAME	DOCTOR'S TELEPHONE #

PLEASE CHECK IF ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS RELATING TO YOUR CHILD

- | | | |
|--|--|---|
| <input type="checkbox"/> REQUIRES AN EPI PEN | <input type="checkbox"/> CARRIES EPI PEN WITH THEM | <input type="checkbox"/> KNOWS HOW TO USE THEIR EPI PEN |
| <input type="checkbox"/> WEARS GLASSES | <input type="checkbox"/> LENSES ARE SHATTERPROOF | <input type="checkbox"/> WEARS CONTACT LENSES |
| <input type="checkbox"/> PREVIOUS HISTORY OF CONCUSSIONS | <input type="checkbox"/> FAINTING EPISODES DURING EXERCISE | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> TROUBLE BREATHING DURING EXERCISE | |
| <input type="checkbox"/> WEARS DENTAL APPLIANCES | <input type="checkbox"/> HEARING PROBLEM | |
| <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> DIABETIC | <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 |

MEDICATION _____

ALLERGIES _____

OTHER MEDICAL CONDITION THE MAY INTERFERE WITH PARTICIPATION ON A BALL TEAM

OTHER INFORMATION NOT COVERED ABOVE

IN THE EVENT OF AN EMERGENCY DO YOU OR ANY MEMBER OF YOUR FAMILY THAT WILL BE ATTENDING GAMES HAVE THE FOLLOWING?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> CPR TRAINING | <input type="checkbox"/> FIRST AID TRAINING | <input type="checkbox"/> CONCUSSION TRAINING |
|---------------------------------------|---|--|

IN THE EVENT OF A MEDICAL EMERGENCY AND THAT NO ONE CAN BE CONTACTED, TEAM MANAGEMENT WILL ARRANGE TO TAKE MY CHILD TO THE HOSPITAL OR A PHYSICIAN IF DEEMED NECESSARY

I HEREBY AUTHORIZE THE PHYSICIAN AND NURSING STAFF TO UNDERTAKE EXAMINATION, INVESTIGATION AND NECESSARY TREATMENT OF MY CHILD.

I AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACH, PHYSICIAN) AS DEEMED NECESSARY

DATE

SIGNATURE OF PARENT/GUARDIAN