



# 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 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