Halton Hawks Fastpitch Association Medical Information Form

Name: _____

Date of birth: Day_____ Month_____ Year_____

Address: _____

Postal Code: _____

Telephone (___) _____Cell(___) _____

Parent/Guardian #1: Name_____

Contact Phone Number:_____

Parent/Guardian #2: Name_____

Contact Phone Number_____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player:_____

Doctor's Name:_____

Telephone: (___) _____

Dentist's Name: _____

Telephone: (___) _____

Date of last Complete physical examination:_____

It is recommended before a player participates in a fastpitch program that they have a medical and that they also have any medical condition or injury problem checked by their family physician.

Please circle the appropriate response and provide details below if you answer "Yes" to any of these questions.

Yes	No	Medication	Yes	No	Asthma	Yes	No	Health problem that will interfere with play
Yes	No	Allergies	Yes	No	Trouble breathing during exercise	Yes	No	Has had an illness that lasted more than a week and required medical attention
Yes	No	History of Concussion	Yes	No	Heart Condition			
Yes	No	Fainting or Seizure	Yes	No	Palpitations or Racing Heart	Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Seizures and/or Epilepsy	Yes	No	Family history of heart disease			
Yes	No	Wears glasses	Yes	No	Family history of unexpected death during physical activity	Yes	No	Been admitted to hospital in the last year
Yes	No	Are lenses shatterproof	Yes	No	Family history of unexplained death of a young person	Yes	No	Surgery in the last year
Yes	No	Wears contact lenses	Yes	No	Diabetes-Type 1_____Type 2_____	Yes	No	Presently Injured Injured Body Part:_____
Yes	No	Wears dental appliance	Yes	No	Wears medical information bracelet or necklace, for what purpose	Yes	No	Vaccinations up to date Date of last Tetanus shot:
Yes	No	Hearing problems			_____			_____

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

_____

_____

_____

Medications:_____ Recent Injuries:_____

Allergies:_____ Medical Conditions:_____

Any information not covered above:_____

I understand that it is my responsibility to keep the team Safety Person advised of any changes in the above information as soon as possible. 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 also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date:_____ Signature of Player:_____

Date:_____ Signature of Parent or Guardian:_____

Disclaimer: Personal information used, disclosed, secured or retained by the Halton Hawks Association will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as the PWSA 's own Privacy Policy.