

**Brampton Minor Lacrosse Houseleague Participant Medical Information Card**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Person to be contacted in case of emergency: \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Alternative Contact: \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Number (OHIP etc) \_\_\_\_\_

**Relevant Medical History** Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Braces, Contact Lenses, Glasses etc: \_\_\_\_\_

Does participant carry and know how to administer his or her own medications? Yes: \_\_\_\_\_ No \_\_\_\_\_

*Note: All information is confidential. Keep this card with the team at all times... These cards will only be available to authorized individuals.*