



Salmon Arm Minor Baseball Association  
Bag 9000, Ste 132 190 TCH N.E  
Salmon Arm, B.C. V1E 1S3

**PLAYER'S MEDICAL HISTORY (to be completed by parent/guardian)**

Team: \_\_\_\_\_ Division: \_\_\_\_\_ Coach: \_\_\_\_\_

Player's name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

BC Care Card #: \_\_\_\_\_

**Parent/guardian (in order of preferred contact):**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Does your child suffer from (Y/N):**

Asthma? \_\_\_ Diabetes? \_\_\_ Heart Disease? \_\_\_ Headaches? \_\_\_ Seizures? \_\_\_

Other? (describe): \_\_\_\_\_

Does he/she wear glasses? \_\_\_ Contacts? \_\_\_ Hearing aid? \_\_\_

List any major injuries in the last five years:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Allergies: \_\_\_\_\_ Has Epi-pen? \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_