



## THRIVE Basketball Association MEDICAL INFORMATION SHEET

### 1. **PLAYER INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Division: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birthday (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

### 2. **PARENT OR GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Phone (h): \_\_\_\_\_

Email: \_\_\_\_\_

### 3. **EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Card #: \_\_\_\_\_

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### 4. **MEDICAL INFORMATION**

*Allergies (drug/food/other) – Please specify*

\_\_\_\_\_

*Has he/she experienced within the past 12 months (please circle):*

Convulsions      Diabetes      Heart Problems      Lung Problems      Fracture

Head Injury      Other Injury      Surgery      Major Illness

Please describe:

\_\_\_\_\_

*Date of Last Physical Exam:* \_\_\_\_\_

Any information that you feel would help if emergency medical treatment were required:

\_\_\_\_\_

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*Release to give team personnel right to act in case of emergency:*

I understand that it is my responsibility to keep the team advised of any change in the above information as soon as possible, and that in the event no one can be contacted, team personnel will admit my child to the hospital if deemed necessary.

I \_\_\_\_\_ hereby authorize personnel of the Thrive Basketball Association to  
(Parent or Guardian)

authorize appropriate emergency medical services as determined by the physician.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature