

# Lacrosse Camp Emergency Information & Medical History

Athlete's Name \_\_\_\_\_ DOB(mm/dd/yyyy) \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact/relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group/Policy # \_\_\_\_\_

## Medical History

Do you have or have you ever had Sickle Cell trait Y \_\_\_ N \_\_\_

Do you have only one of a paired organ (eg. Kidney, lung)? Y \_\_\_ N \_\_\_ Explain \_\_\_\_\_

Do you currently have or have you ever had Asthma? Y \_\_\_ N \_\_\_

Do you currently have or have you ever had Diabetes? Y \_\_\_ N \_\_\_

Do you have a history of seizures? Y \_\_\_ N \_\_\_ Type \_\_\_\_\_

Do you or does anyone in your family have a history of heart problems? Explain \_\_\_\_\_

Do you have Allergies (Food, Insect, Other)? Please List \_\_\_\_\_

Have you suffered an injury in the last 6 months, or had surgery in the last year? Y \_\_\_ N \_\_\_,

List All \_\_\_\_\_

Have you ever sustained a concussion? Please list all dates beginning with the **most recent**.

Please List **ALL** medications that you are currently taking.