

Virginia Lady Eagle Medical Information Sheet

Player's Full Name: _____ Date of Birth: _____

Address: _____

Parent(s)/Legal Guardians(s) Name(s): _____

Parent/Guardian Address: _____

Home Phone #: _____

Player's Cell #: _____

Father's Work #: _____

Father's Cell #: _____

Mother's Work #: _____

Mother's Cell #: _____

Player's Doctor _____ Phone #: _____

Insurance Company: _____

Group Name/Employer: _____

Group/Acct #: _____ Member #: _____

Player's Allergies (List All) _____

Player's Medications: ****Parents are responsible to inform the Team Mom of any changes****

Pertinent Medical History (Diseases, Injuries, Etc.): _____

Does Player Wear: (Circle one) Eye Glasses Contacts N/A

Player's Last Physical _____

****IF WE ARE UNABLE TO REACH YOU, NEAREST RELATIVE OR FRIEND TO CONTACT IN CASE OF AN EMERGENCY****

Name: _____ Relation: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

