



Medical Information Form

Please Return to your Coach

Player's Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

Medical Issues or Concerns: _____

Medication(s): _____

Parent Contact Available During Practice:

(1) Name: _____ Contact Phone: _____

(2) Name: _____ Contact Phone: _____

Alternate Emergency Contact Available During Practice:

Name: _____ Contact Phone: _____

Basketball Team Information:

Basketball Team Name: _____ Coach's Name: _____

Practice Day and Time: _____ Practice Gym: _____

RESPONSIBILITIES:

The game of basketball is a sport where the potential for injury does exist.

The player's parent / guardian is responsible for sharing with their coach any medical issue or concern that may affect the player's ability to play basketball during practices and games at any time throughout the season.

The coach and parent / guardian are responsible for having a plan to contact the player's family in the event of a medical situation. (for example: have player contact information, first aid kit etc.)

Coaches are not permitted to administer medications to any players.

Signed by Parent/Guardian: _____ Date: _____