

Please check all that apply and document details in space provided.

- Glasses Contact Lenses
- Diabetes
 Insulin: _____ Oral Medication: _____
- Asthma
 Fast Acting Inhaler: _____ Daily Steroid Inhaler: _____
- Allergies (food, medications, environmental, bee stings, etc.)
Please list: _____
Indicate signs/symptoms/medications: _____

- Head Injury / Concussion(s) Fainting / Dizziness Convulsions / Seizures
Frequency and last occurrence: _____
- Chronic Injury: _____
 Brace / Protective Gear: _____
- Have been to a Chiropractor and/or a Physiotherapist
If yes, indicate when and why: _____
- Chronic Illness: _____
- Previous Surgery: _____
- Other: _____
- Medications athlete is taking: _____
- Diet Restrictions: _____
- _____
- _____
- _____

* Coaching Staff will not administer medications unless previously instructed by guardian.
This includes pain medication, such as acetaminophen (Tylenol®).