BCSPL Mandatory League Medical Form – 2023/2024

First Name: _____ Address: _____

Last Name: _____ City: _____

Birthday (mm/dd/yy): _____ Postal Code: _____ Province: _____

Height: _____ Weight: _____ Care Card #: _____

Emergency Contact Information:

Contact 1: _____ Phone: _____ Cellular: _____

Contact 2: _____ Phone: _____ Cellular: _____

Family Physician: _____ Phone: _____

Medical and Illnesses History

Does your child have any of the following conditions or occurrences? If "yes," please check or circle the item and comment further in the "details" area with any information that could be relevant in an emergency or accident situation:

Condition:			Details:
Respiratory Concerns:			
☐ Asthma	☐ Bronchitis	☐ Smoking	
☐ Anaphylaxis	☐ Other		
Circulatory Concerns:			
☐ Chest Pain	☐ Dizziness	☐ Hypo/Hypertension	
☐ Heart Condition	☐ Fainting	☐ Other	
Nervous Concerns:			
☐ Neck Condition	☐ Back Condition	☐ Spinal Condition	
☐ Seizures	☐ Epilepsy	☐ Other	
Head Concerns:			
☐ Concussion	☐ Ears / Hearing	☐ Eyes / Eyesight	
☐ Nosebleeds	☐ Stroke	☐ Glasses / Contacts	
Musculoskeletal – Sprains, Strains, Fractures or Tears:			
☐ Upper Body	☐ Lower Body	☐ Skin Condition	
☐ Dental	☐ Other		
Other Concerns or Conditions:			
☐ Food Allergies	☐ Drug Allergies	☐ Seasonal Allergies	
	☐ Infections	☐ Immune Conditions	
Food Allergies	☐ Hepatitus	☐ HIV	
☐ Thyroid	☐ Kidney	☐ Reproductive	
☐ Diabetes	☐ Urinary	☐ Menstrual	
☐ Liver	☐ Ulcers	☐ Other	
☐ Bowel			
☐ Pregnancy			

Use this area to expand on the details above and list any past surgeries, hospitalizations or other concerns we should be aware of.

Medications currently used and reason for using:

Prescribed:	Non-Prescribed:
Signature of Parent / Guardian:	Date: