



TRAVEL PACKAGE BINDER

MEDICAL FORM

Please Print Clearly

Subject: _____
Full name

Address: _____

City: _____ **Province:** Nova Scotia **Postal Code:** _____

Telephone (h): (902) _____ **(w):** (902) _____ **(c):** (902) _____

Date of Birth: _____ **Age:** _____ **Provincial Health Card #:** _____
Example: 14-Feb-66

PRIMARY CONTACTS IN CASE OF AN ACCIDENT OR EMERGENCY

Person 1: _____ **Phone (h):** () _____ **(w):** () _____
Name and relationship to subject

Person 2: _____ **Phone (h):** () _____ **(w):** () _____
Name and relationship to subject

CONTACT IN THE EVENT THAT THE PRIMARIES ARE UNAVAILABLE

Person 3: _____ **Phone:** (902) _____
Name and relationship to the subject

Doctor's Name: _____ **Phone:** (902) _____

Dentist's Name: _____ **Phone:** (902) _____

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

Date of last compete physical exam: _____

Please note, that your doctor should check out any medical condition or injury before you continue to participate in a Lacrosse program.