

# ORLEANS AMATEUR FASTBALL ASSOCIATION

## MEDICAL PERMISSION FORM

I, the undersigned, hereby give permission for my child/ward to fully participate in all Oafa activities (softball games, practices and clinic).

In case of emergency, I hereby give permission to the physician selected by the official in charge to secure proper treatment including hospitalization, drugs, injections, anesthesia, surgery for the child named below.

All information of the player's personal health record, shown below, is true and correct.

Players Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_

Parent / Guardian's Name : \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

OHIP # (optional): \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate by checking if child is subject to or has:

DIABETES \_\_\_ NOSEBLEEDS \_\_\_ HERNIA \_\_\_

HEARING LOSS \_\_\_ HEADACHES \_\_\_ VISUAL DEFECTS \_\_\_

EPILEPSY \_\_\_ ASTHMA \_\_\_ HEART PROBLEMS \_\_\_

DENTAL APPLIANCE \_\_\_ NERVOUS DISORDERS \_\_\_

ALLERGIES: BEE STING \_\_\_ PENICILLIN \_\_\_ NUTS \_\_\_

OTHER ALLERGIES (LIST): \_\_\_\_\_

Previous Injuries: BROKEN ARM: LEFT \_\_\_ RIGHT \_\_\_ SPRAINED ANKLE: LEFT \_\_\_ RIGHT \_\_\_

OTHER INJURIES (LIST): \_\_\_\_\_

Please list any medication or other concerns that the Oafa / medical personnel should be aware of:

\_\_\_\_\_

NOTE: Medical information is confidential. Keep this form with the team AT ALL TIMES. These forms should not be available to other than authorized individuals.