



Ladysmith Baseball Association
 373 Dogwood Dr.
 Ladysmith, British Columbia
 V9T 1T7

LBA Medical Awareness Form

Player Name: _____ PHN: _____

Birthdate (dd/mm/yyyy): _____

Address: _____

Home Phone Number: _____ Cell-Number: _____

Emergency Contact	Name	Phone Number	Cell Number
Family Doctor:			
Legal Guardian 1			
Legal Guardian 2			
Alternate Contact:			

Do you have any of the following conditions:

	YES	NO
Allergies to medication, food, or other		
A heart Condition		
Asthmas or other lung conditions		
Epilepsy or seizures		
Diabetes		

Please explain the details of any question(s) answered with Yes or details of medical condition if other:

Medication name(s):

To the best of my knowledge the information given on this sheet is correct.

Legal Guardian Signature or player if over 18: _____ Date: _____

Division: Team: Coach
