

Peninsula Soccer Association's Medical Information Form

This form must accompany the team at all games and practices. It is recommended that the manager place them in the team medical kit.

Players Surname _____ Given Names _____

Date of Birth _____ BC Care Card number _____

Parents name(1) _____

Home phone #s _____ Work # _____ Cell # _____

Parents name(2) _____

Home phone #s _____ Work # _____ Cell # _____

Alternate person to contact in an emergency _____

Home phone #s _____ Work # _____ Cell # _____

Family Doctor _____ Phone _____

1. Please advise whether your child takes any medications, how they are administered and under what conditions. _____

2. Please advise if your child has any allergies to any medications or to anything else.

3. Please advise if and when your child has had head a head injury _____

4. Please advise if any previous injuries/surgeries

5. Is there any other medical conditions we should be aware of?

In the event my child requires immediate medical treatment, I hereby authorize the team officials to seek such treatment.

Signature of parent/guardian

Date

