MYSC
Player Medical Information Form

General Information

Player Name : _____ Team/Prog. _____
Address: _____ _____ Postal Code: _____
Provincial Health #: _____ _____ D.O.B. _____
Current Weight: _____ _____ Current Height: _____
Mother's Name: _____ Cell Phone: _____
Father's Name: _____ Cell Phone: _____
Emergency contact if parents are not available/unreachable:
Name: _____ Phone: _____ Relationship: _____
Family Doctor: Phone: _____

Pre-Existing Health Conditions – Please check all that apply

Asthma	☐	Heart Condition	☐
Inhaler	☐	Presently injured	☐
Diabetic	☐	Allergies – Food or other	☐
Epileptic	☐	Epi-Pen	☐
Prescription Eyewear	☐	History of concussions	☐
Hospitalized in the last year	☐	Medic Alert bracelet/necklace	☐
Currently taking medication	☐	Depression/Mood Disorder	☐
Blood Disorders	☐	Hearing Issues	☐

Please provide details on any checked items from above and/or information about any conditions not included above.
Please indicate any and all allergies or medications:

_____
_____
_____

Immunizations – Please indicate Yes or No. If yes, please indicate date or 'unknown':

Tetanus	Yes ☐ No ☐	Date/Unknown:	_____
Measles/Mumps/Rubella	Yes ☐ No ☐	Date/Unknown:	_____
Hepatitis A/B	Yes ☐ No ☐	Date/Unknown:	_____

Any medical condition, injury or suspected health issue should be checked by a physician before participating in a soccer program.

I understand that it is my responsibility to advise the Team Management and MYSC immediately if there is a change in any of the above information. In the event of a medical emergency, Team Management has permission to provide immediate First Aid as required and to take or have my child taken by EMS to hospital if deemed necessary.

I hereby authorize the physician and nursing staff of the medical institution to which my child is taken to undertake examination investigation and necessary treatment of my child. I authorize the information on this form to be released to appropriate parties (physician, nurse, coach) as deemed necessary.

Signature of Parent/Guardian: _____ Date: _____