



ST. THOMAS SOCCER CLUB

PLAYER MEDICAL INFORMATION SHEET

Name: _____ Team: _____

Date of Birth – Day _____ Month _____ Year _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Provincial Health Number: _____

Mother's Name: _____ Father's Name: _____

Business Phone: _____

Mother _____ Father: _____

Person to contact in case of accident or emergency, if parents are not available:

Name: _____ Phone: _____ Cell: _____

Address: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Conditions: _____

Recent Injuries: _____

Medications: _____

Allergies: _____

*Any medical condition or injury problem should be checked by your physician before participating in a soccer program.

*I understand that it is my responsibility to keep the Team Manager or Coach advised of any change in the above information as soon as possible and that in the event that no one can be contacted, I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.

I also authorize the release of information to appropriate people (Coach, Physician) as deemed necessary.

Date: _____

Signature of Parent or Guardian: _____