



Updated May 2009

### FC Capital United Soccer Club Medical Form

#### ***Player Information***

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Player number: \_\_\_\_\_

OHIP number: (optional): \_\_\_\_\_

Allergies: (Please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EpiPen: yes/no

Medical/Health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: (Please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### ***Parental/ Guardian Consent***

In the event of injury or illness my son/ daughter, \_\_\_\_\_, may experience while playing soccer, training or travelling to or from soccer events and, I/We, \_\_\_\_\_, \_\_\_\_\_, being the parent/s or legal guardian/s of \_\_\_\_\_, do hereby give my/our consent for my/our child to receive any and all medical attention and treatment deemed necessary at the time of the incident.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Print: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



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### Contact information

Please print

#### **Parent/ Guardian**

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

#### **Alternate**

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-mail: \_\_\_\_\_

In the event that the above named person/s cannot be reached, please give two extra emergency contact names and numbers.

Name: \_\_\_\_\_

Contact No. \_\_\_\_\_

Name: \_\_\_\_\_

Contact No. \_\_\_\_\_