# GLEN SHIELDS FUTBOL CLUB
# PLAYER MEDICAL INFORMATION FORM

| PLAYER INFORMATION | | |
|---|---|---|
| First Name: | | Last Name: |
| Address: | | |
| City: | P/C: | Home Phone: |
| Date of Birth: | | Prov. Health Card No.: |
| | | |
| Parent/Guardian Names: | | |
| Mother's Cell: | | Father's Cell: |
| Emergency contact if parent(s) not available/unreachable: | | |
| Name: | | Phone No.: |
| Family Doctor Name: | | Phone No.: |

**Pre-Existing Health Conditions – Please check all that apply.**

| | | | |
|---|---|---|---|
| Asthma | ☐ | Heart Condition | ☐ |
| Inhaler | ☐ | Presently injured | ☐ |
| Diabetic | ☐ | Allergies – Food or other | ☐ |
| Epileptic | ☐ | Epi-Pen/Allerject | ☐ |
| 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 and/or previous injuries (continue on back if necessary):

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 GFC 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.

☐ Refusal to Complete Medical Information Form (check only if the above information has not been completed)
I understand that by refusing to provide the information requested on this form I am releasing the Glen Shields Futbol Club of any liability or medical claims resulting from this decision (signature required below).

PRINTED NAME OF PARENT/GUARDIAN | SIGNATURE OF PARENT/GUARDIAN | DATE