



KDSC PLAYER MEDICAL FORM

Completion of this form is optional. Its intention is to best inform and assist KDSC staff and/or medical professionals in the event of a medical emergency involving your child. Information provided on this form will not be recorded or held on file with KDSC. Forms will be destroyed at the end of the season or may be returned to you upon request to your team manager.

Player's Name: _____

Date of birth: Day _____ Month _____ Year _____

OHIP Number: _____

Address: _____

Postal Code: _____ Telephone: _____

Parent/Guardian's Name: _____ Relationship: _____

Parent/Guardian's Name: _____ Relationship: _____

Cell Phone: 1) _____ 2) _____

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

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Please select the appropriate response below pertaining to you child

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Previous history of concussions	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses
<input type="checkbox"/>	<input type="checkbox"/>	Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>	Hearing problem

Yes	No		Yes	No	
		Asthma			Trouble breathing during exercise (other than asthma)
		Heart Condition			Diabetic
		Has had an illness lasting more than a week in the past year			Epileptic
		Medication			Allergies
		Wears a medic alert bracelet or necklace			Does your child have any health problem that would interfere with participation on a soccer team?
		Surgery in the last year			Has the player been hospitalized in the last year
		Has had injuries requiring medical attention in the past year			Presently injured

Please give details below if you answered, "Yes" to any previous items, use separate sheet if necessary.

Medications: _____

Allergies: _____

Medical conditions: _____

Recent Injuries: _____

If there is any medical condition or injury problem, it is necessary to consult your physician before participating in a practices or games.

I understand that it is my responsibility to keep the team management advised as soon as possible of any change in the above information.

In the event no one can be contacted in an emergency, the team management will take my child to a hospital or medical practitioner if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child. I authorize release of information to appropriate parties (coach, trainer or physician/health professional) as deemed necessary.

All information will be protected by KDSC in accordance with the Freedom of Information and Protection of Privacy Act.

Signature of Parent or Guardian: _____

Date: _____