Royal City Hyacks Football Club
Player Medical Information Form

PLAYER INFORMATION

Name: _____ CareCard: _____
First Last

Birthdate: _____ Home Phone: _____
MM/DD/YYYY

Doctor: _____ Doctor Phone: _____

PARENT(S)/GUARDIAN(S)

Name: _____ Relationship: _____
First Last (to above player)

Home: _____ Cell: _____

Name: _____ Relationship: _____
First Last (to above player)

Home: _____ Cell: _____

EMERGENCY CONTACT

This person will be contacted if the above parent(s)/guardian(s) are not available

Name: _____ Relationship: _____
First Last (to above player)

Home: _____ Cell: _____

Does this child have or suffer from any of the following medical conditions?

Asthma ❑ Diabetes ❑ Heart Disease ❑ Chest Pain ❑ Hearing Problems ❑
Blackouts or Concussions ❑ Recurring Headaches ❑ Seizures ❑

Please list any prescribed medications, allergies, recent injuries or hospitalizations, and any other important information:

_____

_____

_____

Immunization year of last tetanus shot: _____ Date of last complete physical examination: _____

Any medical concern or injury problem should be checked by a physician before participating in any football program

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I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible, and that in the event no one can be contacted, team management will take my child to a hospital/doctor if deemed necessary. I hereby authorize the physicians and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize the release of this information to appropriate people (coach, trainer, medical staff, etc.) as deemed necessary by the team management.

Signature of Parent/Guardian: _____ **Date**: _____