



MEDICAL INFORMATION FORM

Player's surname:	_____	Given name:	_____
Address:	_____	Phone:	_____
Emergency contact:	_____	Phone:	_____
	_____	Cell phone:	_____
Family doctor:	_____	Phone:	_____
CareCard #:	_____		_____
Medical history:	_____ _____ _____		
Medications:	_____		

The above medical information will be kept confidential; a copy will be kept in the team trainer's medical key in case of an emergency. If your child is injured during practice or a game, every attempt will be made to contact you. If you are not available an ambulance will be called and billed to you. In consideration of the above information, I give my permission for my child/ward to participate in the community football program provided by **NORTH DELTA FOOTBALL ASSOCIATION.**

Parent/Guardian Signature:	_____	Date:	_____
Parent/Guardian Name Please print clearly	_____		

