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Kelowna United Football Club ♦ #200-1415 Hunter Court ♦ Kelowna, B.C. ♦ V1X 6E6 ♦ Phone 250-801-1597 ♦ email [admin@kelownaunited.com](mailto:admin@kelownaunited.com)

**Medical History Form** (To be kept on file by coach or manager)

Name	Address
PHN/ Medical Number	DOB
Family Dr.	Phone:
Parent/ Guardians:	Phone: (Day / Night)
Emergency Contact:	Phone: (Day/ Night)
Emergency Contact:	Phone: (Day/ Night)

**Medical Issues:**

Ongoing illnesses or conditions such as asthma, diabetes, heart disease, epilepsy, headaches, etc:

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**Allergies** (Specify including reaction):

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**Parent/guardian**

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

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

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