Rattlers Academy Soccer Club

Medical Information Form

The personal information collected on this form will be used by the RASC and MHSA solely for the purpose of administering first aid and/or medical assistance. The information will not be disclosed to anyone without your written authorization or in a medical emergency to the responsible health care provider to assist your child.

Name: *First* *Middle* *Surname* DOB: *dd* / *mm* / *yyyy*

Address: _____

City AB *Postal Code*

Alberta Health Care #: _____

Health Insurance Provider: _____ Plan Contract/Firm #: _____

Physician: _____ Member Cert #: _____

Emergency Contact Information

Primary Emergency Contact:

Name: _____ Work Phone: _____

Primary Phone: _____ Relationship: _____

Secondary Emergency Contact:

Name: _____ Work Phone: _____

Primary Phone: _____ Relationship: _____

Please check all that apply:

Glasses ☐	Diabetes ☐	Head Injury ☐	Chronic Illness ☐
Contact Lenses ☐	Asthma ☐	Concussion(s) ☐	Recent Surgery ☐
	Allergies ☐	Seizures ☐	Chronic Injury ☐
		Dizziness/Fainting ☐	Other ☐

If you checked any of the above, please tell us more (*ie. condition specifics, treatments and medications):*

Coaching Staff will not administer medications unless previously instructed by guardian. This includes pain medication, such as acetaminophen (Tylenol®).