

## **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
Alberta H	lealth Care #:				
Health Insurance Plan:				Policy #:	
Physician	:		P	hone #:	
Address:					
		City		AB	Postal Code
Emergen	cy Contact I	nformation	2		3
Name					
Relationsl	hip				
Home					
Work					
Cell					
Other					

Ple	ase check all that apply and document details in space provided.
	Glasses   Contact Lenses
	Diabetes  □ Insulin: □ Oral Medication: □
	Asthma  □ Fast Acting Inhaler: □ Daily Steroid Inhaler: □
	Allergies (food, medications, environmental, bee stings, etc.)  Please list:  Indicate signs/symptoms/medications:
	Head Injury / Concussion(s) ☐ Fainting / Dizziness ☐ Convulsions / Seizures  Frequency and last occurrence:
	Chronic Injury:
	☐ Brace / Protective Gear:  Have been to a ☐ Chiropractor and/or a Physiotherapist  If yes, indicate when and why:
	Chronic Illness:
	Previous Surgery:
	Other:
	Medications athlete is taking:
	Diet Restrictions:

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