**Saskatchewan Soccer - Medical Information Sheet - Template**

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN CONTACT**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Before a player participates in a soccer program, any existing medical condition or injury should be checked and the player should be cleared for participation by a medical professional.**

**PARTICIPANT MEDICAL HISTORY**

Please circle the appropriate response and provide details below if you answer “Yes” to any of the questions.

1. Medical Conditions Yes No
	1. If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Medications Yes No
	1. If yes, which medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Allergies Yes No
	1. If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Previous history of concussions Yes No
	1. If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Seizures and/or Epilepsy Yes No
2. Wears glasses Yes No
	1. Are lenses shatterproof? Yes No
3. Wears contact lenses Yes No
4. Wears dental appliance Yes No
5. Hearing problem Yes No
6. Asthma Yes No
7. Heart Condition Yes No
8. Family History of Heart Disease Yes No
9. Diabetes Type 1 \_\_\_\_\_\_ Type 2 \_\_\_\_\_\_\_ Yes No
10. Wears a medical information bracelet or necklace Yes No
	1. For what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Trouble breathing during exercise Yes No
12. Fainting episodes during exercise Yes No
13. Has any health problem that would interfere with participation Yes No
on a soccer team
	1. If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has had an illness that lasted more than a week and required Yes No
medical attention in the past year.
2. Has had injuries requiring medical attention in the past year Yes No
3. Has been admitted to hospital in the last year Yes No
4. Surgery in the last year Yes No
5. Presently or recently injured Yes No
	1. Describe the nature of the injury(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Vaccinations up to date Yes No
	1. Date of last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Any information not covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RELEASE**

I understand that it is my responsibility to keep team personnel advised of any change in the above information as soon as possible. I understand that in the event of a medical emergency if I, nor the emergency contact can be reached, that team personnel will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, trainer, physician, etc.) as deemed necessary.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Player (if player is over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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