



Swift Current United Soccer Club
Swift Current Soccer Association



PLAYER MEDICAL INFORMATION FORM

Name of Player	First	Last	Initial
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Date of Birth	Year	Month	Day	Age
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Emergency Contact - if parents are not available

Name	Name	Relationship
Ph Number	Cell	Other
Family Doctor	Name	Office #
Dentist	Namr	Office #

Medical Information: Please check all that apply and provide important details. Please use reverse if needed.

<input type="checkbox"/> Allergies	
<input type="checkbox"/> Medical Conditions	Ex: seizures, epilepsy, asthma, heart conditions, diabetes, other
<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts	Are the lenses shatter-proof?
<input type="checkbox"/> Wears dental appliance	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Previous Injuries	Ex: concussion, fractures, etc.
<input type="checkbox"/> Recent injuries <input type="checkbox"/> Surgery in the last year	
<input type="checkbox"/> Wears a medical bracelet	For what purpose?
<input type="checkbox"/> Any other Health or Medical info you want us to know	

Parent Signature _____

Date _____

Disclaimer: Personal information used, disclosed, secured or retained by Swift Current Soccer Association will be held safely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.