

**VERNON UNITED FC
PLAYER MEDICAL FORM**

This information is confidential and this form is to be kept on file in the team binder

PLAYER NAME: _____

EMAIL: _____

PHONE: _____

ADDRESS: _____

Care Card # _____ Physician Name _____

Medical Concerns:

Ongoing medical concerns:

Injuries: _____

Current Medications/Treatments:

Year of last tetanus shot: _____

Emergency Contacts (not parent / guardian)

Name _____ Hm Phone _____ Cell Ph _____

Name _____ Hm Phone _____ Cell Ph _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____