

Guelph Soccer Rep Medical Form

Confidential when completed. Only to be seen by team staff and Emergency Medical Personnel
 *Consider an extra copy of form in team medical bag which can be transported with player to medical facility

Player name:	
Date of Birth:	
Health Insurance Number:	
Family doctor	

In case of emergency, please notify (please include as many as applicable)

	Name	Number	Relation
1.			
2.			
3.			

Please list prescription medications:

Allergies (drugs/foods):

Do you have an epiPen? YES NO

******If YES, please consider providing one to the trainer to keep in the medical bag for the season.**

Significant medical conditions:

Do you wear contact lenses: YES NO

At our own discretion, do we have your permission to give your player:

TYLENOL YES NO

ADVIL YES NO

Comments/Additional information (please consider including information about any past or present injuries of which you feel we should be aware):

Parent/Guardian Name and Signature: _____