# *Powell River Youth Soccer Association*

Powell River Youth Soccer Association President: Kevin Unger office@onelink.ca

# Rep Player Medical Information

The Parents or guardians of all Rep players must complete and submit this form to the team manager. Information supplied is held in confidence between the coaching staff, those providing medical assistance and the player and parent/guardian.

**1.** Player/Parent Information Section

Player Name: _____ Date of Birth: _____
(Last Name, First Name and Initial) (Day, Month, Year)
Address: _____ Postal Code: _____
Home Ph: (604) _____ Fax: (604) _____ Email: _____
Medical Insurance Carrier Name and Number_____
Parent/guardian: _____
(Name and Address)
Home Ph_____
Cell:_____Work_____Other_____
Other Emergency
Contact;_____
(Name, Address and Relationship)
Home Ph_____
Cell:_____Work_____Other_____
Family Doctor_____ City_____
Phone_____

**2.** Medical Conditions: Please list all medical concerns, prior injuries, prescriptions or other conditions of which the
coaching staff should be made aware. If a player has a condition that requires special treatment please provide a complete outline (e.g. allergy to wasp stings, certain medicines or prescriptions, etc.)

_____
_____
_____
_____
_____
_____
_____

Please use an attached sheet to list additional information.

I understand that medical emergencies may arise that require immediate medical attention for my son or daughter. I hereby provide approval for necessary emergency treatment. I understand that a member of the coaching staff will contact me or another listed contact and, as required, our family doctor at the earliest possible time after the medical situation becomes known.

Parent or Guardian _____ Date: _____
(Signature)