

CVYSA MEDICAL HISTORY FORM

For Blitzz players – U _____

(Division)

Athletes First and Last Name: _____

Date of birth: _____ (DD/MM/YYYY) Age: _____

Home Phone: _____ HOME ADDRESS: _____

Provincial Health Insurance Number: _____

Person to contact in case of accident or emergency (if parents are not available):

Name: _____ Phone Number: _____

Relationship to athlete: _____ Address: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Parent/Guardian Names:

Name: _____ Work/Cell Phone: _____

Email: _____

Name: _____ Work/Cell Phone: _____

Email: _____

IMPORTANT:

Please circle the appropriate response pertaining to your son/daughter:

- YES NO Previous history of concussions
- YES NO Fainting episodes during exercise
- YES NO Epileptic
- YES NO Wears eye glasses
- YES NO Are lenses shatterproof
- YES NO Wears contact lenses
- YES NO Wears a dental appliance
- YES NO Hearing problem
- YES NO Asthma
- YES NO Trouble breathing during exercise
- YES NO Heart condition
- YES NO Diabetic
- YES NO Has had an illness lasting more than a week in the past year
- YES NO Medication

- YES NO Allergies
- YES NO Wears a Medic Alert bracelet or necklace
- YES NO Does your child have any health problem that would interfere with participation on a soccer team?
- YES NO Surgery in the past year
- YES NO Has been in the hospital in the last year
- YES NO Has had injuries requiring medical attention in the past year
- YES NO Presently injured

Please give details below if you answered "YES" to any of the above items:

Medications: _____

Allergies: _____

Recent Injuries: _____

Last Tetanus Shot: _____

Any other information not covered above: _____

Date of last complete physical examination: _____

❖ Any medical condition or injury should be checked by your physician before participating.

❖ I understand that it is my responsibility to keep the coach _____
(Coaches name)

advised of any change in the above information as soon as possible, and that in the event no one can be contacted, he has permission to take my son/daughter to the hospital or doctor if deemed necessary.

I, _____ Parent/Guardian to _____ do hereby consent to him/her taking part in the _____ Blitz Soccer Team. Should a medical emergency arise, I give permission for immediate medical treatment to be administered.
(Division)

PARENT/GUARDIAN Signature: _____

Date: _____