

North Shore Girls Soccer Club Medical History Form (2 pages)

Team Name:	
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Player Name	<i>Last Name</i>			<i>First Name</i>		<i>Initial</i>
Player Care Card #						
Parent 1/Guardian 1	<i>Last Name</i>			<i>First Name</i>		<i>Initial</i>
Relationship				Cell Phone		
Home Phone Number				Business Phone Number		
Parent 2/Guardian 2	<i>Last Name</i>			<i>First Name</i>		<i>Initial</i>
Relationship				Cell Phone		
Home Phone Number				Business Phone Number		

Emergency Contact	<i>Last Name</i>			<i>First Name</i>		<i>Initial</i>
Relationship				Cell Phone		
Home Phone Number				Business Phone Number		
Pager				Business Phone Number		
Address						
	<i>Number</i>	<i>Street</i>				
	<i>City</i>					

Family Physician	<i>Last Name</i>			<i>First Name</i>		<i>Initial</i>
Business Phone				Pager or Cell Phone		

I have discussed injury and accident procedures with the parents/guardians

<i>Coach's Signature</i>	<i>Date (YY/MM/DD)</i>
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I have discussed injury and accident procedures with the coach

<input type="checkbox"/>	Yes	In the event the Parent/Guardian 1 and 2 , and the Emergency Contact cannot be reached, I authorise the coach/manager/team first aid attendant to request medical attention as required.
<input type="checkbox"/>	No	

1)		
2)		
	<i>Parents/Guardians Signature(s)</i>	<i>Date (YY/MM/DD)</i>

Coaches: please keep completed forms with you at all practices and games

NSGSC Medical History form

List of Allergies	Notes as required
List of Illnesses	
List of Medications	
List of Injuries	