



Prospect Lake Soccer Club Medical Form Year _____

Last Name: _____ First Name: _____ Initial: ____

Address: _____

City: _____ Postal Code: _____

Phone: _____

CareCard #: _____ Birthday (M-D-Y): _____

Family Doctor: _____ Phone: _____

Father/Guardian: _____ Phone: _____ Cell: _____

Mother/Guardian: _____ Phone: _____ Cell: _____

If the above are unavailable in an emergency contact:

Name: _____ Relationship: _____ Phone: _____ Cell: _____

List any medical conditions such as allergies or chronic conditions the coaches should be aware of. Include types of reactions, treatment to be given, medications (over the counter and prescribed) the player will be bringing with him/her.

Signature of Parent/Guardian

Date

Important

This form must be completed and returned to the team Manager/Coach. It will be kept by the Team Manager/Coach with team documents at practices and games in the event of an injury or other medical problem occurring when a parent or guardian is not present to assist in treatment.

It is the responsibility of the parent or guardian to inform the Team Manager/Coach of any injury or illness occurring during the course of the season that could be exacerbated or affect the players ability to participate in a game or practice.