

MEDICAL INFORMATION FORM
For Soccer Program

Player's Name: _____

Player's Date of Birth: _____ / _____ / _____ Date of last Tetanus Booster: _____ / _____ / _____
Month Day Year Month Day Year

Known Allergies of this player, including any allergies to medication:

Any other medical problems, which should be noted:

Family Physician: _____ Phone: _____

Name of Parent/Legal Guardian: _____

Address: _____ City/State/Zip: _____

Phone (h): _____ (w): _____ (f): _____

EMERGENCY CONTACT PERSON:

Person to notify if parent / legal guardian is unavailable: _____

Phone (h): _____ (w): _____ (f): _____

Insurance Carrier: _____ Policy #: _____

Signature of Parent/Legal Guardian _____

Date Signed: _____

Name of Coach of your child's team: _____ Team #: _____