

## ***NSD Soccer Club Emergency Medical Information Form***

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Extended or additional medical coverage: \_\_\_\_\_

In Emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ (Relationship: \_\_\_\_\_

Phone number (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Relevant Medical History:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Does the participant carry and know how to administer his/her own medications (Y/N)? \_\_\_\_\_

Previous injuries: \_\_\_\_\_

Ongoing treatment: \_\_\_\_\_

Other conditions (ankle or knee braces, contact lenses, etc): \_\_\_\_\_

**Note: Each Player must complete this form. Keep completed forms with the Team at all times. Medical information is confidential. This form should not be made available to any unauthorized individuals.**