

MEDICAL RECORD FORM

PERSONAL INFORMATION

Player's name: _____

Local address: _____

Emergency contact (name and phone #) _____

List any medications, allergies, or health conditions/impairments:

PARENT OR GUARDIAN INFORMATION

Name of Parent or Guardian: _____

Address (if different): _____

Phone: _____

HEALTH CARE PROVIDER INFORMATION

Name: _____

Street Address: _____

Town: _____ Zip: _____ Phone: _____

HEALTH INSURANCE PROVIDER

Name of Provider: _____

Group Number: _____ Phone: _____

EMERGENCY AUTHORIZATION

I authorize the camp staff of Soccer 101 Academy, Inc., to have my child transported to the nearest facility in the case of an emergency. I understand that the staff will make every effort to contact me as soon as possible.

Signature of Parent or Guardian

Date