



Peninsula Soccer Association

10714 McDonald Park Road Sidney BC V8L 5S5

MEDICAL FORM

Players Name: _____

DATE of BIRTH: _____

BC CARE CARD #: _____

EMERGENCY CONTACT #1

NAME _____

PHONE HOME# _____

PHONE CELL# _____

EMERGENCY CONTACT #2

NAME _____

PHONE HOME# _____

PHONE CELL# _____

FAMILY DOCTOR

NAME _____

PHONE# _____

MEDICATIONS _____

ALLERGIES _____

OTHER MEDICAL INFORMATION WE SHOULD KNOW

In the event my child requires immediate medical treatment, I hereby authorize the team officials to seek such treatment on my child's behalf

Signature of parent/guardian

Date