



The West Rouge Soccer Club
Serving your community since 1976

MEDICAL INFORMATION AND
RELEASE FORM
Player Information (please print)

Name (Last) (First)

Date of Birth (D) (M) (Y)

Phone

Address City Postal Code

Ontario Health Insurance (Yes) (Number)

Out of Province Medical Insurance (No) (Yes) (Policy No.)

Company / Insurer (Phone)

Family Doctor (Phone)

Year of last Tetanus shot Medicines taken & dosage

Medical Allergies Medical Problems

Parental / Guardian Information

Name (Last) (First)

Relationship to Player Phone

Address City Postal Code

Alternate Person to Notify if Parent / Guardian is Not Available

Name (Last) (First)

Relationship to Player Phone

Medical Release

As the parent or legal guardian of, a minor, I request that in my absence, the named player herein be admitted to any hospital or medical facility or clinic for diagnosis and treatment. I request and authorise physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic or x-ray procedures, any treatment or operative procedures to the named player herein, a minor. I acknowledge that I will not be given a guarantee as to the results of any examination or treatment. I authorise the hospital or medical facility or clinic to dispose of any specimen or tissue taken from the named player herein.

Signature of Parent / Legal Guardian Date

This medical release is witnessed by and signed before

day of, 20