



Mill Woods Soccer Association Medical Form

Players Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Date of Birth: _____ Alberta Health Care Number: _____

Family Doctor: _____ Cell: _____

Are you taking any medications? Yes No

If so, please list: _____

Do you have any allergies to medications? Yes No

If so, please list: _____

Do you have any other allergies? Yes No

If so, please list: _____

Do you have Diabetes? Yes No

Do you have Asthma? Yes No

****If yes, please ensure player always has their inhaler.**

Do you wear a dental appliance? Yes No

Do you wear contact lenses? Yes No

In case of emergency are there any other medical conditions a doctor should know about?

In case of an emergency, NOTIFY (Please list someone other than yourself)

Phone: _____ Cell: _____

Mothers Name: _____ Fathers Name: _____

Work: _____ Work: _____

Home: _____ Home: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Due to FOIP, these files will be kept confidential to bench personnel ONLY during the season and destroyed at the end of the season.