



Medical Information & Emergency Consent Form

Date: _____

I. GENERAL INFORMATION

Name of Child: _____

D.O.B.: _____

Name of Parent(s)/Guardian(s): _____

Phone #: _____

Address: _____

Email: _____

Work Phone & Emergency Contact #: _____

Other person/Phone # (in case of emergency): _____

Family Physician & Phone #: _____

II. MEDICAL INFORMATION

Parents of children participating in programs at the Rising Stars Soccer Club of CNY Inc.'s facility are asked to provide the following information in case of injury or illness so that program supervisors and coaches have quick reference to the special needs of the child.

- 1) Does your child have any condition that would prohibit his/her participation in a recreational activity program? Yes No

If yes, please identify: _____

- 2) What restrictions, if any, would impose on the child's participation in this type of program?

- 3) Are there any activities in which the child's involvement would be restricted? If yes, please specify:

- 4) Does your child have any allergies?

Yes No

- 5) Does your child wear glasses?

Yes No

- 6) Does your child wear contact lenses?

Yes No

- 7) Is the child up to date on vaccinations?

Yes No

- 8) Has the child had a recent tetanus booster?

Yes No

- 9) Does your child currently take any medications and/or prescriptions?

Yes No

If yes, please list: _____

- 10) Does your child currently have medical insurance?

Yes No

If yes, please list carrier and policy #: _____