

North Toronto Soccer Medical Form

CHILD INFORMATION

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: M / F

PARENT/CAREGIVER CONTACT INFORMATION

Parent/Caregiver's full name: _____

Phone number: _____ Alternate phone number: _____

EMERGENCY CONTACT NUMBERS (other the parent/caregiver above)

Full name and relationship to the child: _____

Phone number: _____ Alternate phone number: _____

CHILD INFORMATION Please share the following information regarding your child (indicate N/A for those that do not apply):

Allergies: _____ Epipen? Yes / No

Medical Conditions: _____

Behavioral Concerns: _____

Other conditions: _____

EMERGENCY MEDICAL RELEASE

I certify that my child, _____ (print name), is healthy and free of problems that could be deleterious to his / her participation in the North Toronto Soccer Club (NTSC) PA Day, March Break, Summer Camp or Academy. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the emergency number that I have listed above.

I also give NTSC permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise. Initial _____

Primary Care Physician: _____

Phone Number: _____

PICK UP AUTHORIZATION

In addition to primary caretakers listed on this form, I authorize the following individuals to pick up my child from NTSC.

1. Name and relationship to the child: _____
2. Name and relationship to the child: _____

SELF SIGN-IN AND SIGN-OUT

Is this child allowed to sign themselves in and out and leave on their own: Yes / No

SIGNATURE: _____ DATE: _____