Kanata Knights Football Club

MEDICAL INFORMATION SHEET

Name: _____ Date of Birth: Day _____ Month _____Year _____

Address: _____

City: _____ Postal Code: _____ Telephone: _____

Mother's Name: _____ Father's Name: _____

Contact Telephone Numbers: Mother: _____ Father: _____

Person to contact in case of accident or emergency, if parents are not available.

Name: _____ Telephone: _____

Please circle the appropriate response below pertaining to your child:

Yes	No	Previous history of concussions	Yes	No	Diabetic
Yes	No	Fainting episodes during exercise	Yes	No	Has had an illness lasting more than a week in the past year
Yes	No	Epileptic	Yes	No	Medication
Yes	No	Wears glasses	Yes	No	Allergies
Yes	No	Wears contact lenses	Yes	No	Wears a medic alert bracelet or necklace
Yes	No	Wears dental appliance	Yes	No	Does your child have any health problem that would interfere with participation on a football team?
Yes	No	Hearing problem	Yes	No	Surgery in the last year
Yes	No	Asthma	Yes	No	Has been in hospital in the last year
Yes	No	Trouble breathing during exercise	Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Heart Condition	Yes	No	Is presently injured

Please provide more details if you answered "Yes" to any of the above items.

_____

_____

(Use reverse side if necessary)

Medications: _____ Allergies: _____

Medical Conditions: _____ Recent Injuries: _____

Any Information not covered above: _____

(Use reverse side if necessary)

Physical exam within the last two years: Yes: _____ No: _____

Any medical condition or injury problem should be checked by your physician before participating in a football program. I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible. In the event no one can be contacted, team management will have my child taken to hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coaches, trainers, and physician) as deemed necessary.

Signature of Parent or Guardian: _____ Date: _____