



LANGLEY MINOR FOOTBALL ASSOCIATION

www.langleyfootball.org

PO Box 12134, Langley, BC V2Y 0M6

MEDICAL INFORMATION

PLAYER INFORMATION

NAME _____
Last Name, First Name

Date of Birth: _____
Month Day Year

ADDRESS _____
Street Address

Care Card # _____

City Postal Code

Home Phone: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Parent 1: _____
Name Cell Phone Work Phone

Parent 2: _____
Name Cell Phone Work Phone

EMERGENCY CONTACT (if both parents are unavailable):

Name: _____ Relation: _____ Phone: _____

PLAYER MEDICAL HISTORY:

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____

LIST ANY DIAGNOSED MEDICAL CONDITIONS (Please also include any documented behavioral diagnoses):

LIST ANY MEDICATIONS:

LIST ANY ALLERGIES (Please specify if an epi-pen is required):

LIST PREVIOUS INJURIES:

LIST ANY PREVIOUS CONCUSSIONS, INCLUDE # OF CONCUSSIONS AND DATES:

* I _____ acknowledge that my child will not play for more than one football team/organization within the same season due to increased risk of injury. I acknowledge that should my child be found participating on more than one team/organization at the same time, it may result in my child's immediate removal from one or all of said teams/organizations as it is against the guidelines set by Football Canada which state that "players are prohibited from participating in concurrent football seasons", as adopted in 2017, and is also a breach of insurance regulations.

I _____ understand that it is my responsibility to keep the team management advised of any changes regarding the above information, and that in the event of an emergency and/or injury where no one can be contacted, my child will be transported to hospital by ambulance if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE SIGNED: _____