

Rising Stars Soccer Club



Medical Information & Emergency Consent Form

I. GENERAL INFORMATION ^{of CNY, Inc.}

Name of Child _____ Date of Birth _____

Name of parent(s)/guardian(s) _____ Home phone _____

Address _____

Work phone or emergency contact number _____

Other person/phone number to contact in emergency _____

Family physician _____ Physician's 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 number: _____