

Rising Stars Sport Center



Home of the "Rising Stars SC"
Westmoreland, NY

2009-2010

Medical Information & Emergency Consent Form

I. GENERAL INFORMATION

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: _____