



KELOWNA MINOR FOOTBALL PLAYER MEDICAL FORM

Name of registrant _____

Date of birth _____

Home address _____

Telephone number where parent may be contacted. Names of parents _____

Home _____ Cell _____

Work _____ Relative/friend _____

In the case of emergency, it is important that the coach or first aid person in charge has the necessary information about any medical condition which could effect the treatment of your child. All information will be kept in strict confidence. It is in the best interests of your child that full and accurate information should be given.

Does this child have or suffer from any of the following medical conditions?

Asthma Diabetes Heart Disease Chest Pain Hearing Problems Recurring Headaches
Seizures Blackouts or Concussions

If your child has suffered from a concussion in the past - How many? _____

Date diagnosed _____ Doctor _____

Please list any prescribed medications, allergies, recent injuries or hospitalizations, and any other important information that a doctor may need to be aware of before carrying out an examination:

Name of family doctor _____

Doctors Phone # _____ Childs Health care # _____

I understand the risk involved and give permission for my child to participate in the playing of the sport of football. I hereby consent to allow any coach, first aid person or affiliate associated with KMFA to administer the appropriate treatment necessary to my child in case of injury or illness. On behalf of myself, my heirs, administrators, and assigns forever release and hold harmless Kelowna Minor Football Association and any of its members or volunteers from loss and any or all liability arising from any act or omission on their part resulting from injury, fatality, illness or damage of property occurring as a consequence of the said participant. I have read and understand the consent in which I now sign.

Parent's Name (print) _____

Signature _____

Date _____