



Medical Consent Form (Youth Players)

Player Information:

Player name: _____

Team name: _____

Email: _____

I am under 19 Date of Birth: _____
years of age:

Parent/Guardian Contact:

Name: _____

PHONE: _____

EMAIL: _____

Parent/Guardian Contact:

Name: _____

PHONE: _____

EMAIL: _____

Emergency Contact:

Name: _____

PHONE: _____

EMAIL: _____





ALPINE YUKON

Medical Information:

Family Doctor name and clinic: _____

Family Doctor phone and fax: (ph) _____ (fax) _____

Do you have allergies: Yes No

If yes, please specify: _____

Please indicate type of reaction and treatment required. _____

Are you presently taking any medication for a condition or illness? Yes No

If yes, please specify medication and frequency taken: _____

Do you have any medical conditions you would like medical personnel to be aware of in case of an emergency? Yes No

If yes, please specify: _____

Medical Permission and Consent:

In the case of any medical emergency which occurs while participating in a sanctioned activity, including training session, fundraising activities, games, travelling to and from games; I hereby give consent to the Coaches, Team Manager, or other designated team representative or designated Whitehorse Minor Soccer representative to arrange any treatment, or medical service that may be deemed necessary by an attending physician for the health and safety of my child. I agree to accept financial responsibility for any costs, should they arise, in excess of the benefits provided under Yukon Health Care Insurance Plan and the Yukon Soccer Association Liability Insurance policies.

Signature of Parent or Guardian: _____

Signature of Parent or Guardian: _____

I, _____, Coach of the above-mentioned player, have read this medical information.

Signature of Coach: _____