

# Rising Stars Soccer Club



## Medical Information & Emergency Consent Form

### I. GENERAL INFORMATION <sup>of CNY, Inc.</sup>

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: \_\_\_\_\_