



VANCOUVER ISLAND PREMIER LEAGUE



Player Medical Form

The parents or guardians of all **VIPL** team participants must complete and submit this form to the team manager/coach. Information that is supplied is held in confidence between the coaching staff, those providing medical assistance and the player, parent/guardian.

Player Information

Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home #: _____ Cell #: _____ E-mail: _____

MSP# _____ Additional Medical Insurance: _____

Family Dr: _____ Phone: _____

Dentist: _____ Phone : _____

Parent Information

Mother/Guardian: _____

Father/Guardian: _____

Home #: _____ Cell #: _____ Work #: _____

Other Emerg Contact : _____ Relationship to Player: _____

Home #: _____ Cell #: _____ Work #: _____

Medical Conditions

Please list all medical conditions, prior injuries, prescriptions or other conditions of which the coaching staff should be made aware. If a player has a condition that requires special treatment please provide a complete outline.

Allergies: YES/NO---please list _____

Medical Conditions: _____

(please attach separate sheet to list additional information)

As the player's parent/guardian I understand that medical emergencies may arise that require immediate medical attention for my son or daughter. I hereby provide approval for necessary emergency treatment. I understand that a member of the coaching staff will contact me or another listed contact and, as required, our family doctor or dentist at the earliest possible time after the medical situation becomes known.

Parent/Guardian: _____

Date: _____