

ONOWAY BALL AND SOCCER ASSOCIATION Medical Questionnaire and Authorization

Please provide the following medical information about your child, sign the Authorization provided at the bottom of the page, and return the completed form to your team manager as soon as possible. Please **DO NOT LEAVE ANY BLANK SPACES**. If the question does not apply to your child, please mark N/A for Not Applicable.

CHILD'S INFORMATION

Full Name:	
Date of Birth:	
Alberta Healthcare Number:	
Allergies:	
Medical Conditions:	
Regular Medications Taken:	
Any other medical information that we should know:	

PARENT/GUARDIAN INFORMATION

Primary Contact Persons: (Parents or Guardians)	Mother or Legal Guardian	Father or Legal Guardian	
Relationship to child:			
Best Phone Number(s) to reach you at:			
Emergency Contact Person: (not Parent or Guardian)			
Relationship to child:			
Best Phone Number(s) to reach you at:			

I/We, _____ (Names of Parents/Guardians), parent/guardian of _____ (Name of Child), do hereby give the following persons authorization to make emergency medical decisions regarding my child and provide consent and authorization to medical personnel if I am unavailable:

- a) _____ (Emergency Contact Person)
- b) The coach, assistant coach or manager of my child's team, as available _____ (initial here to confirm this instruction)

Dated this _____ day of _____, 20____, to be valid until June 30, 20____.

_____ X: _____ X: