Bonivital Soccer Club
301 - 690 St. Joseph St | Winnipeg, MB | R2H 3E2
www.bonivitalsoccer.com | 204.257.GOAL

MEDICAL FORM

Last Name_____ First Name_____ Home Phone _____

Address _____ Postal Code _____ Sex: Male _____ Female _____

MHSC Nos. _____ _____ Blood Type: _____ Contact Lenses: Yes ___ No ___

(6 Digits) (9 Digits) (If Known)

Personal Health Plan _____ Policy No. _____

Additional Health Plan _____ Policy No. _____

Medical conditions/physical limitations_____

Allergies _____ **Medications** _____

Food allergies / preferences _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Father's / Guardian's Name _____ E-Mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

Mother's / Guardian's Name _____ E-Mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

If not available in an Emergency, additional persons to Notify:

1. Name _____ Relationship to player _____ Phone _____
2. Name _____ Relationship to player _____ Phone _____

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AUTHORIZATION FOR NON-PRESCRIPTION DRUGS

As the parent/guardian of _____ I authorize the following non-prescription medications to be
(Child's Name)
administered by the Therapist, a member of the Coaching Staff or Medical Personnel on an "as required" basis.

Please place your initials where you give consent.

Analgesic

Tylenol _____	Motrin _____	Tylenol Gel Caps _____
Advil _____	Advil Gel Caps _____	

Antihistamine

Benadryl _____	Aerius _____	Reactine _____

Cough Medication

Benylin _____	Dimetapp _____	Robitussin _____

Other

Gravol _____	_____ _____	_____ _____

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Signature	Date

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION

As the parent/guardian of _____ I authorize the following medications to be self-administered by my
(Child's Name)
child on an "as required" basis.

Please place your initials where you give consent.

All medications and be responsible for their medication _____

All medications and staff be responsible for their medication _____

Inhalers _____

Other _____ _____

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Signature	Date

I, the undersigned, being the parents/guardians of _____ do hereby give permission for him /her
(child's name)
to **travel and participate** in activities associated with the Bonivital Soccer Club. I acknowledge all risks and hazards incidental to such participation including transportation to and from all activities. In case of serious accident or illness, I give my permission to any Medical Personnel, Dentist or Therapist to render emergency medical, surgical, or dental treatment that the medical personnel, Dentist or Therapist may deem necessary, subject to the following restrictions: _____
_____

Signature of Parent / Guardian _____ Date _____

Signature of Parent / Guardian _____ Date _____