



Gloucester South  
**RAIDERS**

Football Club

MEDICAL CONSENT FORM - 2011 SEASON

I hereby certify that I am the parent/guardian of \_\_\_\_\_ who is under 18 years of age, and agree to the following:

- I consent to any emergency medical procedures that may be deemed necessary by a licensed medical practitioner as a result of his/her involvement in a sport activity with the GS Raiders Minor Football Association.
- I will advise the Team Trainer of any medications that my son/daughter may be taking, medical diagnosis, or developing medical conditions that may impact upon the health of my son/daughter.
- The Team Trainer has the authority to remove the player from any football activity, game, or practice if they have reason to believe there may be a medical concern that could result in injury to the Player. The decision to remove a player from the game due to medical reasons will remain solely with the GS Raiders Training Staff.
- In the event of injury, the Level Team Trainer and Club Head Trainer have the authority to call for emergency medical assistance if deemed necessary. If I am not present at the game, this Consent Form will be provided to Emergency Response Personnel as my authorization for the commencement of any necessary treatment.
- The attached Medical History will be provided to Emergency Response Personnel in the event of an emergency.

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Signature of Parent/Guardian

Date

Once completed, this form is considered 'Confidential'. The original copy will be provided to the Team Trainer for use in the event of a medical emergency. A copy will be retained by the Club Head Trainer and Club Registrar. All information is shredded at end of playing season to ensure compliance with privacy requirements.



# Gloucester South **RAIDERS**

Football Club

## PLAYER MEDICAL HISTORY - 2011 SEASON

Name Of Child: \_\_\_\_\_ D.O.B. Month /Day/ Year \_\_\_\_\_  
 Name Of Parent(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Alternate Emergency Contact: \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Ontario Health Card Number: \_\_\_\_\_  
 Child's Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Relevant Medical History

Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_

Does the player carry and know how to administer his/her own medication? **Yes / No**  
 If the player does not bring medication (*i.e., forgets, advises Trainer that medication is not needed, etc.*), does the parent consent to allow player to play? (*Subject to Trainer review of situation*). **Yes / No**

Does the player wear: (*check those that apply*)

Contact Lenses	<input type="checkbox"/>	Braces (Teeth)	<input type="checkbox"/>	Soft or Rigid Brace	<input type="checkbox"/>
Hearing Aid	<input type="checkbox"/>	Eyeglasses	<input type="checkbox"/>	Medical Alert Bracelet**	<input type="checkbox"/>

\*\* If yes, what is written on it? \_\_\_\_\_

Has the player ever experienced or suffered from: (*check those that apply*)

Concussion/Head Injuries	<input type="checkbox"/>	Chronic Nosebleeds	<input type="checkbox"/>
Major Surgery	<input type="checkbox"/>	Dislocated Shoulder	<input type="checkbox"/>
Shortness Of Breath	<input type="checkbox"/>	Dizziness/Fainting	<input type="checkbox"/>
Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>

Other Medical Issues (*i.e., diabetes, heart trouble, hernia, painful/swollen joints, etc.*)

Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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