



SOUTH SIMCOE UNITED FC



Player Emergency Contact Information

Last Name: _____ First Name: _____

Parent or Guardian: _____

Address: _____

Home Phone: (____) _____ Daytime Phone: (____) _____

Email: _____

Alternate Contact Person: _____ Relationship: _____

Phone: (____) _____ Daytime Phone: (____) _____

Email: _____

Medical Information

Family Physician: _____

Phone: (____) _____ Medical Health # _____

Does your child currently take any medication prescribed by a doctor? _____ Yes _____ No

If so, please list each medication and the dosage required:

1. _____ Dosage: _____

2. _____ Dosage: _____

If you need more space please use the reverse of this form and indicate that you did so here

Does your child have any ailments or conditions that South Simcoe United should know about?
(food allergies, injuries, etc.)

If so, please elaborate here: