

Medical Information Form

Child's Name _____ Birthdate _____ Today's Date: _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____ Relation _____

Home Phone _____ Work Phone _____ Email _____

In case of emergency:

Contact 1 _____ Phone _____ Relation _____

Contact 2 _____ Phone _____ Relation _____

Healthcare Provider _____ Policy # _____

Policy Holder _____

Medical Information

Identify any known physical conditions (such as diabetes, asthma, high/low blood pressure, cardiovascular irregularities, allergies or allergic reactions) that could be reported to a medical care provider in the case of a medical emergency:

List any other physical or psychological conditions that should be disclosed in a medical emergency:

List any medications you are currently taking and for what purpose:

List any known allergies to certain medications, bee stings, etc.

I, the undersigned, hereby certify I am the parent or legal guardian of the above named participant. I hereby give permission for all the staff of the San Jose Evergreen Community College District (SJECCD), during the period of the event, to seek appropriate medical attention for the participant, and for medical attention to be given, and for the participant to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs.

I, the undersigned, for myself understand that soccer is an active, physical sport, and that injuries can take place during play. I understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and the event activities.

I, the undersigned, for myself, my heirs, executors and administrators, waive, release, and forever discharge SJECCD, its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in event activities or while at the event, whether or not damages, injury or loss due to negligence.

Signature of parent or guardian _____ Date _____