



Cowichan Valley Football Association MEDICAL FORM

Player Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ Postal Code _____ Date of Birth _____
Care Card # _____

Has a health concern which would interfere with participation in Football Yes No

Previous history of concussion Yes* No
*if yes please explain with dates:

Trouble breathing during exercise Yes No

Has had injuries requiring medical attention in the past year Yes* No
*if yes please explain with dates:

Any current Medications Yes* No
*if yes please explain:

Recent injuries Yes* No
*if yes please explain:

MEDICAL DISCLAIMER: I understand that it is my responsibility to keep the team management advised of any changes regarding the above information and that in the event no one can be contacted team management or designate will take my child to the hospital / MD if necessary.

I AGREE

Parent/Guardian Name _____

Date _____
year / month / day

Signature _____