

ESTEVAN MINOR FOOTBALL
 PARENT PERMISSION – MEDICAL DISCLOSURE – LIABILITY FORM

Name of child: _____

Date of birth: ____/____/____ Age: _____ Grade: _____

Sask. Health Card Number: _____

Name of parent 1: _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell: _____

Name of parent 2: _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell: _____

Emergency contact name: _____

Contact phone number: cell / home / work _____

Medical Disclosure

List any known injuries (sprains, strains, fractures, torn muscles, ligament damage, dislocations)

<u>Injury</u>	<u>Year</u>	<u>Description</u>
Skull fracture		
Concussions		
Face: eye, ear, nose, jaw		
Neck		
Back		
Shoulder		
Upper arm		
Elbow		
Forearm		
Wrist		
Hand		
Pelvis		
Hip		
Groin		
Upper leg		
Knee		
Lower leg		
Ankle		
Foot		
Chest and ribs		
Abdominal		

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Allergies: _____

Asthma: YES / NO If yes, describe severity: _____

***any children with asthma must provide an additional inhaler to be held by the team trainer or coach

Medications: _____

Bleeder: : YES / NO Bruise easily: YES / NO Seizures: YES / NO

Additional information: _____

Permission and Liability

I am satisfied that my child, _____, is in good health to take part in strenuous activity including; tackling, blocking, kicking, throwing, catching, running. They have permission to participate in these physical activities conducted by Estevan Minor Football. I give permission for first aid personnel to administer first aid/sports training techniques in the event of an injury. Any serious injury will be escalated to Emergency Services. I understand and will comply with all concussion protocols as directed by the team trainer, coach, sports therapist, and doctor. I recognize that Estevan Minor Football cannot accept responsibility for injuries or conditions that may develop as a result of participation in football.

Signature of parent

____/____/____
Date