



Play Active School Soccer

Medical Consent Form

Please print clearly

Players Name: _____

Provincial Medical Number: _____

It is the policy of P.A.S.S. to notify a parent when a child is ill or requires medical attention. Occasionally we can not contact the parents and we need to get immediate help for your child. Our procedure is to take the child to the nearest emergency medical service.

Please complete and sign the consent below and the Medical History Information so that we can take appropriate action on behalf of your child. We will take these forms with us to the emergency centre.

- I hereby give consent for my child, when ill to be taken to the nearest emergency centre by the coaching staff of P.A.S.S. when I can not be contacted.

- I hereby give consent for my child to receive medical treatments deemed medically necessary by the emergency centre.

Signature of Parent / Guardian: _____

Date: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____

Emergency/Daytime Contact Numbers:

Mother's Work # _____ Cell # _____

Father's Work # _____ Cell # _____