

## TOPSoccer MEDICAL INFORMATION FORM

Player's Name: \_\_\_\_\_

Please check any of the following health conditions that are pertinent to your child:

- Down Syndrome
- Atlantol Axial Instability (if yes, then a note from your child's physical regarding the S-ray evaluation is necessary in order for your child to participate)
- Diabetes
- Heart problems/Blood Pressure Problems
- Seizures
- Hearing problems
- Vision problems
- Recent contagious diseases or hepatitis
- Bone or joint problems
- Emotional problems
- Behavioral problems
- Physical limitations
- Allergies to food or medications
- Communication difficulties
- Other

Please give details below.

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Person to contact in case of an emergency: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of last Tetanus vaccine: \_\_\_\_\_ Date of last Polio vaccine: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_