

From the Transcona Nationals Football Club Medical Department

Please fill out the medical form to the best of your knowledge.

It is extremely important that all information be accurate for the athlete's safety on the field. If for any reason further information is required, your trainer or the medical director will be in touch with you. This will not mean that the athlete will not be able to participate; it's only to ensure that your child's trainers/coaches have a better understanding of their physical capabilities. This information will be kept confidential.

There may come a time during the season that your child will be asked to obtain a doctor's note prior to returning to practice or game play. This is done if it is felt that an injury requires further medical attention. If such a request is made, please be aware that it is mandatory that a doctor's note must be obtained or the athlete will not be allowed to "take the field". Once a doctor's note is obtained and given to the trainers, and the doctor deems that your child is fit to practice and play, that athlete will be allowed to continue. Please understand that this is only done to ensure your child's safety, and to maintain his/her physical well-being for years to come.

If for any reason paramedics are required to treat your child, you will be advised it's necessary, and they will be called. The insurance that is provided by Football Manitoba does cover this if you do not have any insurance. Your medical form may also be given to the paramedics for background information if you are not there to give it. The trainers for your child will help you in this situation to make this experience as less stressful for you as possible.

If you have any questions, please feel free to see your trainers or the medical director.



Transcona Nationals Football Club Athlete's Medical Information



ATTENTION: TEAM TRAINERS This form is to be completed for every member of the team and **MUST** be in the team's possession **AT ALL TIMES.**

Athletes Last Name _____ First Name _____

Address _____ Postal Code _____ Phone _____

Male Female Height _____ Weight _____ Date of Birth (M/D/Y) _____

Parents/next of kin _____ Phone (Day) _____ (Night) _____

Emergency Contact _____ Phone (Day) _____ (Night) _____

Family Doctor _____ Phone (Day) _____ (Night) _____

Date of Last Tetanus Booster (M/D/Y) _____

Manitoba Medical No. (6 digit) _____ PHIN No. _____

Manitoba Blue Cross No. _____ Subscriber _____

1. Is the player currently taking ANY medication for which a prescription is required?
If yes, please specify _____

2. Does the player wear a Medical Alert bracelet/necklace? If yes, what is written on it?

Have you ever had or do you now have:

	Yes	No		Yes	No		Yes	No
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Neck/Back Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Bowel Problems	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Urinary Infections	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems	<input type="checkbox"/>	<input type="checkbox"/>	(Type) _____			Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	(Specify) _____			Recent Within One Year:		
Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>	Operations	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>
Deafness/Ear Problems	<input type="checkbox"/>	<input type="checkbox"/>	(Specify) _____			Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>				Major Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>				Traumatic or Overuse Injury	<input type="checkbox"/>	<input type="checkbox"/>

In the event of a minor injury or illness as a result of football/cheerleading activities, I give my permission to the coaches and trainers of the Transcona Nationals to administer first aid to my child. Should a more serious injury/illness occur, I understand the coaches or trainers will summons emergency medical services and qualified medical attention.

Parent/Guardian Signature

Date