



MEDICAL INFORMATION

Primary Doctor: _____

Telephone : _____

Primary Dentist: _____

Telephone : _____

Do you have medical insurance? Yes: _____ No: _____

Please Indicate Carrier: _____

Policy/Group Number: _____

Name of Emergency Contact: _____ Emergency Telephone#: _____

Does your child have any allergies? Yes: _____ No: _____ Describe: _____

Is your child on any medication? Yes: _____ No: _____ Describe: _____

Any dietary restrictions? Yes: _____ No: _____ Describe: _____

Chronic or recurring medical condition? Yes: _____ No: _____ Describe: _____

Operations or serious injuries? Yes: _____ No: _____ Describe: _____

MEDICAL DISCLAIMER

I give permission for my child to participate in all program activities organize by the NECSL. He/she is in good health and may participate in normal program activities unless I specify otherwise in the medical history section. I consent that photographs taken of my child are the property of Northeastern Conference Soccer League and may be reproduced and publicized as the NECSL desires at any time, free of claims on my part. In case of medical emergency, I authorize the Commission of the NECSL to seek emergency care for my child. I understand that medical information and personal data will be used in programs, when necessary, to protect my child's well being, but will be kept confidential by NECSL.

Signature of Parent/Guardian: 1 _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____