



Bonivital Soccer Club
100 Sunset Blvd | Winnipeg, MB | R2M 0X5
www.bonivitalsoccer.com | 204.691.8440

MEDICAL FORM

Last Name _____ First Name _____ Home Phone _____

Address _____ Postal Code _____ Sex: Male _____ Female _____

MHSC Nos. _____ Blood Type: _____ Contact Lenses: Yes ___ No ___
(6 Digits) (9 Digits) (If Known)

Personal Health Plan _____ Policy No. _____

Additional Health Plan _____ Policy No. _____

Medical conditions/physical limitations _____

Allergies _____ **Medications** _____

Food allergies / preferences _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Father's / Guardian's Name _____ E-Mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

Mother's / Guardian's Name _____ E-Mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

If not available in an Emergency, additional persons to Notify:

1. Name _____ Relationship to player _____ Phone _____

2. Name _____ Relationship to player _____ Phone _____



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AUTHORIZATION FOR NON-PRESCRIPTION DRUGS

As the parent/guardian of _____ I authorize the following non-prescription medications to be administered by the Therapist, a member of the Coaching Staff or Medical Personnel on an “as required” basis.
 (Child’s Name)

Please place your initials where you give consent.

Analgesic	Tylenol _____ Advil _____	Motrin _____ Advil Gel Caps _____	Tylenol Gel Caps _____
Antihistamine	Benadryl _____	Aerius _____	Reactine _____
Cough Medication	Benylin _____	Dimetapp _____	Robitussin _____
Other	Gravol _____	_____	_____
_____	_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Signature	Date	

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION

As the parent/guardian of _____ I authorize the following medications to be self-administered by my child on an “as required” basis.
 (Child’s Name)

Please place your initials where you give consent.

All medications and be responsible for their medication	_____
All medications and staff be responsible for their medication	_____
Inhalers	_____
Other _____	_____
_____	_____
Parent/Guardian Signature	Parent/Guardian Signature
	Date

I, the undersigned, being the parents/guardians of _____ do hereby give permission for him /her (child’s name) to **travel and participate** in activities associated with the Bonivital Soccer Club. I acknowledge all risks and hazards incidental to such participation including transportation to and from all activities. In case of serious accident or illness, I give my permission to any Medical Personnel, Dentist or Therapist to render emergency medical, surgical, or dental treatment that the medical personnel, Dentist or Therapist may deem necessary, subject to the following restrictions: _____

Signature of Parent / Guardian _____	Date _____
Signature of Parent / Guardian _____	Date _____