OAKVILLE JAGUARS SOCCER ACADEMY
Medical Screening Form

1. Player Information
Full Name: _____
Date of Birth (DD/MM/YYYY): _____
Team Group: _____
Provincial Health Number: _____
Family Doctor: _____
Doctor's Phone Number: _____

2. Parent/Guardian Information
Parent/Guardian Name: _____
Phone Number: _____
Email Address: _____

3. Medical History
Please check any that apply:
☐ Asthma
☐ Diabetes
☐ Epilepsy / Seizures
☐ Heart Condition
☐ Concussion History
☐ Allergies (food, medication, environmental)
☐ Other (please specify): _____

4. Injury History
Previous Injuries (last 12 months):

Current Injuries:

Has your child been medically cleared to participate?
☐ Yes
☐ No

5. Medications

Is the player currently taking medication?

☐ Yes

☐ No

If yes, please specify:

Does the player carry emergency medication (e.g., inhaler, EpiPen)?

☐ Yes

☐ No

If yes, please explain usage instructions:

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6. Emergency Information

Emergency Contact Name: _____

Relationship: _____

Emergency Phone Number: _____

Preferred Hospital: _____

7. Physical Activity Readiness

Has a doctor ever advised your child not to participate in physical activity?

☐ Yes

☐ No

Does your child experience chest pain, dizziness, or shortness of breath during exercise?

☐ Yes

☐ No

Any other concerns coaches should be aware of:

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8. Consent & Authorisation

I confirm that the information provided is accurate and complete. I authorise Oakville Jaguars Soccer Academy staff to seek emergency medical treatment for my child if necessary.

I understand that:

- Any medical condition, injury, or suspected health issue should be assessed by a physician before participation.
- It is my responsibility to inform the Academy immediately of any changes in the information provided.
- In the event of a medical emergency, the Academy may provide first aid and arrange transport by emergency services if required.
- I authorise medical professionals to provide necessary treatment for my child.
- I consent to this information being shared with appropriate personnel (e.g., physician, nurse, or coach) as needed.

Refusal to Provide Medical Information (Optional)

☐ I understand that by refusing to provide the requested information, I release Oakville Jaguars Soccer Academy from any liability or medical claims resulting from this decision.

Parent/Guardian Signature

Parent/Guardian Name: _____

Signature: _____

Date: _____

Notes
