PLAYER SAFETY

Soccer Medical Consent Form

Emergency care permission, allergies, medications, contacts, and provider details

MEDICAL CONSENT

Player & Provider Details

Player name

Date of birth

Team

Physician / clinic

Insurance / policy

Medical Notes

Allergies

Medications

Medical conditions / restrictions

Emergency Contacts

Contact	Relationship	Phone	Alternate

Authorization

I authorize team staff to seek emergency medical care when a parent or guardian cannot be reached.

- ☐ Emergency treatment
- ☐ Medication may be shared with staff
- ☐ Return-to-play note required

Guardian signature

Date

Coach initials