

WINTER 2009

Muqdisho FC Emergency Contact

1705 Weston Road Unit 2

Phone: (416) 432-5885

Phone: (416) 357-5133

Fax: (416) 243-3383

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Muqdishofc@hotmail.com



Emergency Contact and Medical Information for a Child

Child's Name _____		Date of Birth _____	Sex M F
Parent's/Guardian's Name () _____ () _____		Parent's/Guardian's Name () _____ () _____	
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____		Address _____	
City, Province, Postal Code _____		City, Province, Postal Code _____	

Alternative Emergency Contacts

_____	() _____	() _____
Primary Emergency Contact	Home Phone	Work Phone

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ () _____
Home Phone

Allergies/Special Health Considerations

Allergic to any:

1. Drugs: _____	2. Peanut butter: _____	3. Dust: _____	4. Bee Sting: _____
4. Asthma _____	5. Diabetes _____	6. Epilepsy _____	7. Others _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release Muqdisho Football Club and individuals from liability in case of accident during activities related to Muqdisho Football Club, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____