



## 2019-20 Medical Form

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Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Emergency Contact Name(other than parent) \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

### **Athlete Info**

Athlete Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Asthma? \_\_\_\_\_

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_ Under Physicians Care? \_\_\_\_\_ Serious Injuries? \_\_\_\_\_

Seizures? \_\_\_\_\_ Date of last known seizure \_\_\_\_\_ Recently hospitalized? \_\_\_\_\_

Has a doctor ever recommended you not participate in competitive sports? \_\_\_\_\_

Have you ever blacked out or lost consciousness during physical activity? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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If yes, please explain \_\_\_\_\_

I hereby grant permission for my child's coach, team representative or responsible adult to obtain medical care for my child in my absence.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_