

Medical Information

Name of Athlete: _____

Parent(s) or Guardian(s) Name(s): _____

Address: _____

Home Phone: _____

Emergency Contact (include phone number): _____

Relation of Emergency Contact to the Athlete: _____

Name and Phone Number of the Athlete's Physician: _____

Is the athlete being treated by a doctor at this time for any medical condition? If yes, explain. _____

Is the athlete on any medications? If yes, explain. _____

Does the athlete have any known allergies? If yes, explain. _____

Has the athlete ever had surgery? If yes, explain (include the date). _____

Has the athlete ever broken a bone? If yes, explain (include the date). _____

Has the athlete ever suffered injury to his or her knees, ankles, hips, or spine? If yes, explain (include the date). _____

Does the athlete have any heart or lung conditions? If yes, explain. _____

Is there any reason why the athlete cannot complete strenuous physical activity? If yes, explain.

Date of last physical exam? _____