

Medical Information

Player's Name: _____

SSN#: _____

Address _____

Player's Phone Numbers: _____

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Parent's Names: _____

Address: _____

Phone Numbers: _____

Provider of Medical Insurance: _____

(Copy of this Insurance is required to be given to the Coach)

Family Physician: _____

Physician Address and Phone Number: _____

Medical Allergies: _____

Food Allergies: _____

Chronic Illnesses: _____

Are you taking any prescription medications? If yes please list and explain. _____

Are you taking any non-prescription medications? If yes, please list and explain. _____

Preferred over the counter pain and fever reducer: _____

Have you ever had any surgeries? If yes please list, explain and give date of surgery.

Last Physical (Coach must see doctor's signature on physical to play): _____

Emergency Contacts:

Name: _____

Address: _____

Phone Numbers: _____

Name: _____

Address: _____

Phone Numbers: _____

Any Special Conditions or Instructions that need to be known:

(Ex. Give an inhaler in the event of an asthma attack,
must have inhaler with them at all times)

*This information is **confidential** and will only be shared with the Coach and any medical staff (i.e. physicians, EMTs, and nurses) if a medical emergency arises.

Parent/Guardian Signature

MEDICAL RELEASE

I legal guardian of _____ (student's name), give the team representative permission to seek medical attention for _____ (student's name) in the event as I'm not available to give said permission.

Parent/Guardian
_____(Print)

Coach _____(Print)

Witness

Date

***By signing this you will relieve the Homeschool program including board members, and Coaches of any liability.**

Parent/Guardian Signature
