

# HAJFL

## MEDICAL RELEASE FORM

I hereby give permission for any and all medical attention necessary to be administered to (child's name) \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the people listed below until such time as I may be contacted.

This release is effective for the time during which my child is participating in the HAJFL football or cheer program. I also hereby assume the responsibility for payment of any such treatment.

PARENT'S NAMES \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL/WORK PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

LIST CHILD'S KNOWN ALLERGIES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In case I cannot be reached, either of the following people is designated:

COACH'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ASS'T COACH/OTHER \_\_\_\_\_ PHONE # \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# HAJFL

## PHYSICAL FORM

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

FAMILY PHYSICIAN NAME \_\_\_\_\_

CHECK SPORTS IN WHICH YOU PLAN TO PARTICIPATE:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> SKIING	<input type="checkbox"/> TENNIS
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> GOLF	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> TRACK
<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> WRESTLING	<input type="checkbox"/> CHEERLEADING		

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CIRCLE THE APPROPRIATE NUMBERS IF YOU HAVE AD ANY OF THE FOLLOWING:

- |                                   |                         |   |
|-----------------------------------|-------------------------|---|
| 1. DRUG ALLERGIES<br>_____        | 11. HIGH BLOOD PRESSURE | 23. OPERATION ON TESTICLES                |
| 2. EYE INJURY OR DISEASE<br>_____ | 12. HEART SURGERY       | 24. KIDNEY TROUBLE                        |
| 3. EAR SURGERY                    | 13. CHRONIC COUGH       | 25. BROKEN BONES<br>_____                 |
| 4. MASTOID SURGERY                | 14. ASTHEMA             | 26. BACK PROBLEM<br>_____                 |
| 5. FREQUENT SORE THROAT           | 15. COLLAPSED LUNG      | 27. SEVERE HEADACHES                      |
| 6. FAINTING OR DIZZY SPELLS       | 16. LUNG DISEASE        | 28. HEAD INJURIES                         |
| 7. CONVULSIONS                    | 17. HEPATITIS           | 29. NECK INJURIES                         |
| 8. RHEUMATIC FEVER                | 18. INFECTIOUS MONO     | 30. OTHER BONE OR JOINT<br>PROBLEMS _____ |
| 9. HEART DISEASE                  | 19. PEPTIC ULCER        |   |
| 10. DIABETES                      | 20. APPENDICTOMY        |   |
|                                   | 21. HERNIA              |   |
|                                   | 22. HERNIA REPAIR       |   |

WHAT MEIDICATIONS DO YOU TAKE REGULARLY? \_\_\_\_\_

### PHYSICIAN TO COMPLETE THIS PORTION

PHYSICIANS COMMENTS ON CIRCLED ITEMS IN HISTORY SECTION ABOVE \_\_\_\_\_

B.P \_\_\_\_\_ PULSE \_\_\_\_\_ URINALSIS: BLOOD \_\_\_\_\_ PROTEIN \_\_\_\_\_ SUGAR \_\_\_\_\_

CIRCLE NUMBER IF ABNORMAL AND EXPLAIN BELOW:

- |          |              |                  |                       |
|----------|--------------|------------------|-----------------------|
| 1. HEENT | 5. HEART     | 9. SKIN          | 13. UPPER EXTREMITIES |
| 2. TEETH | 6. ABDOMEN   | 10. PILONIDAL    | 14. LOWER EXTREMITIES |
| 3. CHEST | 7. HERNIA    | 11. LYMPH GLANDS |                       |
| 4. LUNG  | 8. GENITALIA | 12. BACK & NECK  |                       |

PHYSICIANS COMMENTS ON CIRCLED ITEMS \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_