

YOUNG WARRIORS FOOTBALL MEDICAL HISTORY FORM

NOTE: This form must be completed annually. This examination must have been completed and signed by the physician..

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Child's Name	_____	Birth date	_____
School	_____	Grade (Fall)	_____
Parent/Legal Guardian's Name	_____	Home Phone #	_____

Father's occupation	_____	Employer	_____
Work Address	_____	Work Phone #	_____
Email	_____	Cell Phone #	_____

Mother's occupation	_____	Employer	_____
Work Address	_____	Work Phone #	_____
Email	_____	Cell Phone #	_____

Signature of Parent/Legal Guardian	_____	Date	_____
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THE FOLLOWING INFORMATION TO BE COMPLETED BY PHYSICIAN:

I have examined _____ on this
day _____ and year _____ and find him/her free of any contagious disease and to be physically fit to participate in the Young Warriors Football Association tackle football program.

Height _____ Weight _____
Date of last Tetanus injection _____

Is the participant now under the care of a physician or taking any medication: _____

If yes, please explain _____

(Over)

Is there any preexisting condition that the coach should be aware of that could affect this child while playing tackle football? _____

If yes, please explain _____

List and describe any sicknesses or injuries the participant has had in the last six months _____

Does the participant have a history of any of the following? If yes, explain:

_____ Head injury _____

_____ Fractures _____

_____ Sprains _____

_____ Strains _____

_____ Seizures _____

_____ Surgery _____

Has the participant ever been hospitalized? _____

If yes, please explain _____

Physician signature _____	Physician name _____
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Physician Address _____ _____	Physician phone _____
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PLEASE NOTE THE FOLLOWING:

This form must be returned to and be on file with the Young Warriors Football Association before the child will be allowed to participate in any practice or game.

Return to: Young Warriors Football Association
P.O. Box 7011
Deerfield, IL 60015