PERSONAL HEALTH AND MEDICAL FORM

(To be filled by parent or guardian)

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent/guardian _____ Telephone _____

If the person named above is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Telephone _____

Medical Information past or present (please check)

Asthma		Yes	☐	No	☐	
Convulsions		Yes	☐	No	☐	
Heart Disease		Yes	☐	No	☐	
High Blood Pressure		Yes	☐	No	☐	
Diabetes		Yes	☐	No	☐	
Leukemia		Yes	☐	No	☐	
Cancer		Yes	☐	No	☐	
Hemophilia		Yes	☐	No	☐	
Surgery		Yes	☐	No	☐	Specify _____
Allergies:	Food	Yes	☐	No	☐	Specify _____
	Medicines	Yes	☐	No	☐	Specify _____
	Plants	Yes	☐	No	☐	Specify _____
	Insect Bites	Yes	☐	No	☐	Specify _____
	Dusts	Yes	☐	No	☐	
Injuries:		Yes	☐	No	☐	Specify _____

Explanations

_____

Any reason to restrict full activity including swimming, strenious physical games?

_____

List any conditions limiting full participation (Physical or Emotional)

_____

Any medication to be taken when travelling on trips or tournaments with Regional Sports?

_____

List medicines, send ample supplies and directions for use

_____

In case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization for my child.

By signing below, I certify that my child is in good and sufficient health to participate in the program. I/we hereby authorize Regional Sports to obtain any emergency care that may become reasonably necessary for my child in the course of athletic activities. I guarantee payment for all medical charges for medical treatment or by the Insurance company providing coverage for the child named above.

Date _____ Signature of parent/guardian _____