

Personal Medical History
Sport(s) _____

Name: _____

Date of Birth: _____ SSN: _____

Parent/Guardian _____

Address: _____

Home phone number _____ Work number _____

Cell number _____

Emergency number to call if parent can not be reached at above numbers:

Name _____ relationship _____

Number _____

Health Insurance carrier name and address: _____

Group Number: _____

Subscriber Name & Number _____

Physician's Name _____

Phone Number _____

Address _____

Medications Currently taking _____

Medication or Food Allergies _____

Previous Illnesses _____ Date _____

_____ Date _____

Previous Surgeries _____ Date _____

_____ Date _____

Medication Permission:

My child **may** **may not** be given Tylenol/Ibuprofen by the coach at games or practices.

Parent Signature _____