



# Emergency Medical Form

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home / Cell / Work

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list history of any previous injuries ,operations, etc.

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

Special medical conditions, allergies, etc.

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

Is the athlete on any special medication?    Yes    No

If yes, please list: \_\_\_\_\_

Is the athlete limited in his/her athletic participation?    Yes    No

If yes, please explain: \_\_\_\_\_

Any other special restrictions?    Yes    No

If yes, please list: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_