

Child's name: _____

HEALTH HISTORY

- | Yes | | No | | Has this player had any: | Yes | | No | | Does this player: | |
|---------------------------------|--------------------------|--------------------------|--|----------------------------------------------------------------------------------------------------|-----|--------------------------|--------------------------|---------------------------------------|--------------------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | | Chronic or recurrent illness? | 13. | <input type="checkbox"/> | <input type="checkbox"/> | | Wear eyeglasses or contact lenses? | |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | | Illness lasting over one week? | 14. | <input type="checkbox"/> | <input type="checkbox"/> | | Wear dental bridges, braces, plates? | |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | | Hospitalizations? | 15. | <input type="checkbox"/> | <input type="checkbox"/> | | Take any medication? | |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | | Surgery other than tonsillectomy? | | | | | | |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | | Missing organs (eye, kidney, testicle)? | | | | | | |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | | Allergy to any medication? | | | | | | |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | | Problems with heart or blood pressure? | | | | | | |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | | Chest pain with exercise? | | | | | | |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | | Dizziness or fainting with exercise? | | | | | | |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | | Dizziness, fainting, frequent headaches or convulsions? | | | | | | |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | | Concussion or unconsciousness? | | | | | | |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | | Heat exhaustion, heat stroke, or other problems with heat? | | | | | | |
| Is there any history of: | | | | | | | | | | |
| | | | | | 16. | <input type="checkbox"/> | <input type="checkbox"/> | Injuries requiring medical treatment? | | |
| | | | | | 17. | <input type="checkbox"/> | <input type="checkbox"/> | Neck injury? | | |
| | | | | | 18. | <input type="checkbox"/> | <input type="checkbox"/> | Knee injury? | | |
| | | | | | 19. | <input type="checkbox"/> | <input type="checkbox"/> | Knee surgery? | | |
| | | | | | 20. | <input type="checkbox"/> | <input type="checkbox"/> | Ankle injury? | | |
| | | | | | 21. | <input type="checkbox"/> | <input type="checkbox"/> | Other serious joint injury? | | |
| | | | | | 22. | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones (fractures)? | | |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | | Is there any reason why this player should not participate in sports? | | | | | | |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | | | | | | |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | | Has any family member had a heart attack at less than 55 years of age? | | | | | | |

Date of last known Tetanus (lockjaw) shot: _____

Use this space to explain any of the above numbered YES answers or to provide any additional information.

EMERGENCY MEDICAL TREATMENT FORM

I/we, the parent(s) of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Parent's or Guardian's names: _____

Phone numbers: HOME _____ EMERGENCY: _____
(whose: _____)

Signature: _____ Date: _____

PARENTAL CONSENT FORM

As parent or legal guardian, I give permission for _____ to participate in _____ during the current season. I certify that my child has no known medical condition that would limit participation in this activity, and that he/she has had a physical examination in the past two years. I have read the statement of Parent Responsibilities, and understand the nature of the risks associated with my child's participation. The Lewisdale-University Park Boys and Girls Club, Inc., its officers, board members, coaches, and members shall not be liable for any physical injury or property damage incurred as the result of my child's participation in activities sponsored by the Club.

Signature: _____ Date: _____