

San Marin Youth Football & Cheer Conference 2011

PHYSICAL FITNESS & MEDICAL HISTORY FORM

This form must be dated after March 1, 2010 and then submitted to your youth football association. Section II must be completed in its entirety ONLY by a licensed State Examiner (medical doctor, nurse practitioner, etc.). NO other forms are acceptable unless Section II is modified or substituted to comply with local and/or state laws or because of medical practitioner regulations (e.g., the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form.

Section I; Completed by parent/guardian only

Legal Name of Participant (must match birth certificate):

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Date of Birth: ___ / ___ / _____ Male: _____ Female: _____

Name of Primary Medical Insurance Company: _____

Policy Number: _____ Membership Number: _____

Name on Policy: _____

Sport (check one): Cheer: _____ Tackle: _____

PARTICIPANT MEDICAL HISTORY

- | | | |
|---|-----|----|
| 1. Are there any injuries requiring medical attention? | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. Is the participant currently taking any medications? | Yes | No |
| 5. Does the participant have any allergies (penicillin, bee stings, etc.)? | Yes | No |
| 6. Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. Does the participant currently require medication? | Yes | No |
| 9. Does/has the participant have/had seizures? | Yes | No |
| 10. Does the participant wear glasses or contact lenses? | Yes | No |
| 11. Does the participant wear a brace or other medical support device? | Yes | No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness, or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness, or accident.

Signature: _____ Relationship to Participant: _____

Print Name: _____ Dated: _____