

BRANDON-EVANVILLE YOUTH FOOTBALL LEAGUE MEDICAL FORMS

NAME: \_\_\_\_\_

Legal First Name

Middle Name

Last Name

AGE: \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

MALE\FEMALE \_\_\_\_\_

HEALTH HISTORY

YES

NO

KIDNEY INJURIES

\_\_\_\_\_

\_\_\_\_\_

HEART CONDITIONS OR DISEASE

\_\_\_\_\_

\_\_\_\_\_

DIABETES

\_\_\_\_\_

\_\_\_\_\_

EPILEPSY

\_\_\_\_\_

\_\_\_\_\_

OTHER: \_\_\_\_\_

MEDICATIONS PRESENTLY TAKING \_\_\_\_\_

ALLERGIES (INCLUDE ALLERGIES TO ANY MEDICATIONS) \_\_\_\_\_

PLEASE LIST ANY OTHER HEALTH INFORMATION THAT YOU MAY FEEL MIGHT AFFECT YOUR CHILD'S ATHLETIC PERFORMANCE \_\_\_\_\_

INJURY WAIVER & RELEASE FORM OF LIABILITY

RELEASE OF LIABILITY: I HEREBY AGREE TO PARTICIPATE IN THE BRANDON-EVANVILLE YOUTH FOOTBALL LEAGUE. I REALIZE AND UNDERSTAND THAT NO SPECIAL INSURANCE IS PROVIDED WHILE PARTICIPATING IN THESE ACTIVITIES. THEREFORE, I HEREBY WAIVE AND RELEASE ANY AND ALL RIGHT AND CLAIMS FOR DAMAGES I AND OR MY CHILD MAY HAVE AGAINST THE LEAGUE, THE BRANDON-EVANVILLE YOUTH PROGRAM, BRANDON PUBLIC SCHOOLS, EVANSVILLE PUBLIC SCHOOLS, BOARD MEMBERS, COACHES AND VOLUNTEERS. I FURTHER AGREE AND CONSENT TO EMERGENCY TREATMENT OF MY CHILD BY A PHYSICIAN OR HOSPITAL IN THE EVENT THAT I CANNOT BE REACHED. I UNDERSTAND THAT THE YOUTH FOOTBALL PROGRAM MAY TAKE PICTURES FOR USE IN RECREATION MATERIALS AND NEWSPAPER FEATUES.I\WE GIVE THE COACHES OF THE YOUTH FOOTBALL PROGRAM PERMISSION TO TRANSPORT MY\OUR CHILD TO THE EMERGENCY ROOM OF THE HOSPITAL, OR TO AN AMBULANCE IF INDICATED, AND AUTHORIZE TREATMENT IF I\WE, AS PARENT (S)\GUARDIAN (S), ARE NOT ABLE TO BE REACHED BY THE COACHES IN CASE OF SERIOUS ACCIDENT OR INJURY

PARENT\GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DOCTER'S NAME AND

LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_