

SUSSEX JAYHAWKS FOOTBALL PLAYER HEALTH HISTORY RECORD

Web Site: www.sussexjayhawks.com

Email: jayhawksfootball@gmail.com

Players Name: _____ Date of Birth _____ Grade in Fall _____

Address: _____ Home Phone: _____

Mother: _____ Father: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone : _____ Cell Phone: _____

PHYSICIAN INFORMATION:

Physician's Name: _____ Phone: _____

May physician be called in case of Emergency? YES NO

Insurance Carrier: _____ Policy/Group Number: _____

List any medical concerns, past or present (i.e. asthma, heart disease, seizures, allergies, fainting, concussion)

List any past medical history, including any injuries or hospitalizations: (continue on back if necessary)

Date of last Tetanus Booster: _____ Date of last Physical: _____

List any medication presently being taken: _____

My child may take Aspirin/Tylenol as needed YES NO

Any other concerns: _____

TO BE COMPLETED BY PHYSICIAN:

Height: _____ Weight: _____ Blood Pressure: _____ Eye Glasses Required YES NO

List any medical restrictions or limitations:

I have found there are no medical reasons to preclude the above named participant from any tackle football activity.

Physicians Signature: _____ Date: _____

Physicians Address/Stamp:

Parents Signature: _____ Date: _____