



★ GERMANTOWN ★ FOOTBALL LEAGUE



MEDICAL HISTORY & RELEASE FORM

This form must be completed and returned to your coach the first day of practice to complete registration.

FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Date of Birth: _____ Male _____ Female _____

Primary Care Physician: _____ Phone #: _____

Name of Primary Medical Insurance Company: _____

Policy Number: _____ Membership Number: _____

Name of Primary Insured: _____

Primary Guardian: _____ Relation to Participant: _____

Cell #: _____

Emergency Contact: _____ Relation to Participant: _____

Cell #: _____

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 acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Germantown Football League ("GFL") activities. I hereby certify that this information is accurate to the best of my knowledge. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach in writing if there is any change in the medical condition of my child.

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Germantown Football League activities.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name _____ Relation to Participant: _____