

# GW Graham Athletics

## Football

### Player Medical Form: *To be complete by parent/guardian*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Relation to player \_\_\_\_\_ Phone Number \_\_\_\_\_

### Health Information

Family Physician Name \_\_\_\_\_

Family Physician Phone \_\_\_\_\_

Allied Health Providers (Chiro/Physio) \_\_\_\_\_

Allied Health Providers Phone number \_\_\_\_\_

Care Card Number \_\_\_\_\_

Extended medical policy info

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Past Medical History:

Has your child ever suffered from the following:

	Yes	No		Yes	No
Bleeding Disorder			High Blood Pressure		
Bruise Easily			Kidney Disease		
Diabetes			Neurological Problems		
Epilepsy			Orthopedic Problems		
Heart Problems			Tuberculosis		
Hearing Problems			Recurrent Boils		
Vision problems			Other infectious disease		
<b>Previous Surgeries</b>			Hernia		

Details of Past History: Provide details below for any items marked "Yes"

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## Football

### Previous Injuries

Has your child ever suffered from the following injuries:

	Yes	No		Yes	No
Abdominal (stomach)			Pelvis		
Chest/Ribs			Shoulder/Upper Arm		
Face : Eye/Ear/Nose			Wrist/Hand/Elbow		
Hip / Knee			Spinal Cord		
Foot/ Ankle			Neck		
Concussion / Head injury			If previous concussion, Year it occurred:		
<i>Details of Concussion including Sport:</i>					

Details of Past Injuries. Provide details below for any items marked "Yes"

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**Current Injuries:** \_\_\_\_\_

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### Current Medical information:

Current Health Conditions: \_\_\_\_\_

Asthma: Yes/No \_\_\_\_\_

Current Medications: \_\_\_\_\_

Inhaler: Yes/No. *If Yes, name:* \_\_\_\_\_

Allergies (Food/Medication) \_\_\_\_\_

Epi-pen: Yes/No \_\_\_\_\_

*We, the athlete and parent/guardian authorize this form is accurate and true.*

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Athlete

Date: \_\_\_\_\_