

## INFORMED CONSENT FORM

I hereby give my permission for \_\_\_\_\_ to participate in TACKLE FOOTBALL during the athletic season beginning in August. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

My child and I are aware that participating in TACKLE FOOTBALL is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## EMERGENCY INFORMATION

Athlete's name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

List two persons to contact in case of emergency:

Parent or guardian's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Second person's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

### IMPORTANT:

Are you allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you have any other allergies? (i.e., bee sting, dust) \_\_\_\_\_

Do you suffer from \_\_\_\_\_ asthma, \_\_\_\_\_ diabetes, or \_\_\_\_\_ epilepsy? (Check any that apply.)

Are you on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Other: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# ATHLETIC MEDICAL EXAMINATION FOR FOOTBALL

Athlete \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone no. \_\_\_\_\_  
(street) (city) (Zip)

Instructions: All questions must be answered. Failure to disclose pertinent medical information may invalidate your insurance coverage and may cancel your eligibility to participate in football. Any further health problems must be discussed with the physician at the time of examination.

**Medical History:** Has the athlete ever had any of the following? If "yes" give details to the examining doctor.

	No	Yes	Details (if yes)
1. Head injury or concussion	_____	_____	_____
2. Bone or joint disorders, fractures, dislocations, trick joints, arthritis, back pain	_____	_____	_____
3. Eye or ear problems (disease or surgery)	_____	_____	_____
4. Dizzy spells, fainting, or convulsions	_____	_____	_____
5. Tuberculosis, asthma, bronchitis	_____	_____	_____
6. Heart trouble or rheumatic fever	_____	_____	_____
7. High or low blood pressure	_____	_____	_____
8. Anemia, leukemia, or bleeding disorder	_____	_____	_____
9. Diabetes, hepatitis, or jaundice	_____	_____	_____
10. Ulcers, other stomach trouble, or colitis	_____	_____	_____
11. Kidney or bladder problems	_____	_____	_____
12. Hernia (rupture)	_____	_____	_____
13. Taking medication regularly	_____	_____	_____
14. Allergies or skin problems	_____	_____	_____
15. Other illness, injury not named above	_____	_____	_____
16. Do any of these conditions limit the athlete from competing in tackle football?	_____	_____	_____

Athlete's Height \_\_\_\_\_ Weight \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_