

## **MEDICAL HISTORY AND MEDICAL CONDITIONS**

Player's Name: \_\_\_\_\_

Player's Physician: \_\_\_\_\_  
Name Telephone number including area code

Player's Dentist: \_\_\_\_\_  
Name Telephone number including area code

### **CIRCLE APPROPRIATE ANSWER & ANSWER ALL QUESTIONS COMPLETELY**

Allergies:	Yes	No	Asthma:	Yes	No	Congenital Problems:	Yes	No
Diabetes:	Yes	No	Epilepsy:	Yes	No	Heart Disease:	Yes	No
Convulsion disorder:	Yes	No	Allergy to insects:	Yes	No	Ankle injuries:	Yes	No
Knee injuries:	Yes	No	Back injuries:	Yes	No	Head injuries:	Yes	No
Shoulder injuries:	Yes	No	Elbow injuries:	Yes	No	Wrist injuries:	Yes	No
Hand injuries:	Yes	No	Finger injuries:	Yes	No	Other injuries	Yes	No

If any of the above are answered "YES", list all details and other medical conditions of PLAYER not mentioned above: \_\_\_\_\_

List medications PLAYER should **NOT** take: \_\_\_\_\_

List medications PLAYER is currently taking: \_\_\_\_\_

Date of players last tetanus shot: \_\_\_\_\_

### **CERTIFICATION OF PLAYER'S MEDICAL CONDITION AND ABILITY TO PARTICIPATE IN ROCKET FOOTBALL AND MEDICAL TREATMENT AUTHORIZATION**

In case of an accident, injury or serious illness of the above named PLAYER, I the undersigned (Parent/Guardian), state that I have authority to execute this AUTHORIZATION and hereby make, constitute and appoint the PLAYER'S KENT CITY ROCKET FOOTBALL coaches and any other representative of KENT CITY ROCKET FOOTBALL my attorney-in-fact to act for me, in my name, and in my place to seek and obtain any and all reasonable dental and medical treatment of any type or nature for the above named PLAYER. I understand that KENT CITY ROCKET FOOTBALL, a member of the GREAT LAKES YOUTH FOOTBALL CONFERENCE., **DOES NOT** have any insurance which pays for the dental, medical and/or hospital costs that might be incurred on behalf of the PLAYER. Consequently, I understand that any and all costs incurred for any treatment shall be my sole responsibility. I further request that I be contacted as soon as practicable after the accident, injury, or illness. In addition, I consent to the release of the above insurance and medical information by my attorney-in-fact. I further certify that the above named PLAYER is medically fit and is able to participate as a PLAYER in KENT CITY ROCKET FOOTBALL PROGRAM. I understand that football is a contact sport and it is my sole decision as to whether or not the above named PLAYER obtains a medical examination before participating in this program. This Authorization shall terminate on November 1, 2020.

DATED: \_\_\_\_\_

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

\_\_\_\_\_  
Print name of Parent/Guardian