

YOUNG WARRIORS FOOTBALL MEDICAL HISTORY FORM

NOTE: This form must be completed annually. This examination must have been completed and signed by the physician..

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Child's Name _____	Birth date _____
School _____	Grade (Fall) _____
Parent/Legal Guardian's Name _____	Home Phone # _____

Father's occupation _____	Employer _____
Work Address _____	Work Phone # _____

Mother's occupation _____	Employer _____
Work Address _____	Work Phone # _____

Signature of Parent/Legal Guardian _____	Date _____
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THE FOLLOWING INFORMATION TO BE COMPLETED BY PHYSICIAN:

I have examined \_\_\_\_\_ on this day \_\_\_\_\_ and year \_\_\_\_\_ and find him/her free of any contagious disease and to be physically fit to participate in the Young Warriors Football Association tackle football program.

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Date of last Tetanus injection \_\_\_\_\_

Is the participant now under the care of a physician or taking any medication: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

(Over)

Is there any preexisting condition that the coach should be aware of that could affect this child while playing tackle football? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
List and describe any sicknesses or injuries the participant has had in the  
last six months \_\_\_\_\_

\_\_\_\_\_  
Does the participant have a history of any of the following? If yes, explain:

\_\_\_\_\_ Head injury \_\_\_\_\_

\_\_\_\_\_ Fractures \_\_\_\_\_

\_\_\_\_\_ Sprains \_\_\_\_\_

\_\_\_\_\_ Strains \_\_\_\_\_

\_\_\_\_\_ Seizures \_\_\_\_\_

\_\_\_\_\_ Surgery \_\_\_\_\_

Has the participant ever been hospitalized? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Physician signature _____	Physician name _____
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Physician Address _____ _____	Physician phone _____
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**PLEASE NOTE THE FOLLOWING:**

This form must be returned to and be on file with the Young Warriors Football Association before the child will be allowed to participate in any practice or game.

Return to: Young Warriors Football Association  
P.O. Box 7011  
Deerfield, IL 60015