Medical History Form

Name: _____ Date: _____
Address: _____ Birthdate: _____
_____
Phone(s): Day _____ Evening _____

Emergency Contact Person

Name:_____ Phone:_____
Relationship:_____
Physician's Name:_____ Phone:_____
Hospital of Choice: _____

Please Complete the Following: (If the answer to any of the following questions **is or was** yes, please describe the problem and its implications for proper first aid treatment on back) Have you have (or presently have) any of the following?

	Circle One	
Head Injury (concussion, skull fracture)	**Yes**	**No**
Fainting Spells	**Yes**	**No**
Convulsions/epilepsy	**Yes**	**No**
Neck or Back Injury	**Yes**	**No**
Asthma	**Yes**	**No**
High Blood Pressure	**Yes**	**No**
Kidney Problems	**Yes**	**No**
Hernia	**Yes**	**No**
Diabetes	**Yes**	**No**
Heart Murmur	**Yes**	**No**
Allergies	**Yes**	**No**

Specify:_____

Injuries to:	**Circle One**	
Shoulder	**Yes**	**No**
Knee	**Yes**	**No**
Ankle	**Yes**	**No**
Fingers	**Yes**	**No**
Arm	**Yes**	**No**

Other:_____
_____

Poor Vision:	**Yes**	**No**
Poor Hearing:	**Yes**	**No**

Other: _____

Have you had a Tetanus Booster? If so, when?
_____
Are you currently any medication? What? Why?
_____
_____
_____
Has a doctor had any restrictions on your activity? Explain?
_____
_____
_____

Authorization for Treatment: I hereby give permission to the medical personnel, selected by the activity director, to order X-rays, routine tests, treatment, permission to release any record nesessary for insurance purposes, and to provide and arrange necessary related transportation for me/my child. If I cannot be reached in the event of an emergency, I hereby give my permission to the physician selected by the facility to secure and administer treatment, including hospitalization for the person named above. This complete form may be photocopied in the event the participant will need to leave the ice arena. *This health history is correct to the best of my knowledge and the person herein described has my permission to engage in all activities associated with Hockey.*

Signed (Parent/Guardian):_____ Date: _____