

# Shamrocks Football and Cheerleading

## Medical Release /History Form

I, the parent/guardian understand that because my child is involved in football or cheerleading, there may be an occasion when an injury occurs that requires medical treatment and we are unable to be contacted. This situation may occur before, during or after activities while at SFA site or other locations. **INITIALS** \_\_\_\_\_

I, the parent/guardian hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. until such time as I may be contacted.

**INITIALS** \_\_\_\_\_

Athlete's Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_

Legal Parent or Guardian: \_\_\_\_\_ Athlete's DOB \_\_\_\_\_

Parent or Guardian Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

If Parent or Guardian can't be reached, call: (Relationship) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Athlete's Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **ATHLETE MEDICAL HISTORY** (please circle the answer to the following questions)

1. Are there any injuries or conditions requiring medical attention Yes / No
2. Does the athlete have asthma and require the use of an inhaler Yes / No
3. Is the athlete diabetic and require medication for diabetes Yes / No
4. Does the athlete currently require medication Yes / No
5. Does/has the athlete have/ had any types of seizures Yes / No
6. Does the athlete wear glasses or contact lenses Yes / No
7. Does the athlete wear a brace or other medical support device Yes / No
8. Does the athlete have any allergies (penicillin, bee stings, ETC.) Yes / No

If you answered yes to any of the above questions please provide question number and an explanation:

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**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_