

# BALLARD LACROSSE STUDENT MEDICAL FORM

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_ GRADE \_\_\_\_ BIRTHDATE \_\_\_\_\_  
 PARENT OR GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NOS: HOME \_\_\_\_\_ CELL 1 \_\_\_\_\_ CELL 2 \_\_\_\_\_  
 PARENT EMAIL: \_\_\_\_\_

**PERSONS TO NOTIFY IN EMERGENCY IF PARENT OR GUARDIAN CANNOT BE REACHED:**

1) \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_  
 2) \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ IDENTIFICATION # \_\_\_\_\_  
 PHYSICIAN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 DENTIST NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

**Have you had (or do you 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
Please specify _____		

**Injuries to:**

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No
Other:		
Impaired vision	Yes	No
Impaired hearing	Yes	No
Other:		

Have you had a recent tetanus booster? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ If yes, What/Why? \_\_\_\_\_

Has a doctor placed any restrictions on your activity? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**MEDICAL TREATMENT RELEASE FORM:** In the event you are unable to reach me, in the case of injuries or accident, I give permission for treatment of my child as deemed necessary. I also release Ballard Lacrosse and its program staff of liability in case of accidents incurred to my child while participating in sponsored events during the year, 2007–2008 I understand my child's presence indicates my consent to the validity of this form.

\_\_\_\_\_  
 (Signature of Parent/Guardian)

\_\_\_\_\_  
 (Date)