DOWNRIVER JUNIOR FOOTBALL LEAGUE
MEDICAL HISTORY & INFORMATION

Child Name: ________________________________ Date:____________________________
Street Address: ________________________ D.O.B:___________________________
City:_______________________________________ Telephone:_______________________

EMERGENCY CONTACT (S):

Name: ______________________________ Name:______________________________
Relationship: __________________________ Relationship:_________________________
Telephone: ____________________________ Telephone:___________________________

FAMILY INSURANCE INFORMATION:

Insurance Company:_________________________ Policy Number:___________________
Policy Holder:______________________________ Telephone Number:________________
Family Medical Insurance coverage in effect at this time: Yes No

Please complete the following: If the answer to any question is or was yes, please describe.
Please describe the problem and it's implications for proper first aid treatment on the back of this form.
Has the child had, or does the child currently have:

Head Injury (concussion, etc.)	Y	N	Fainting Spells	Y	N
Convulsions / Epilepsy	Y	N	Asthma	Y	N
Neck or Back Injury	Y	N	Hernia	Y	N
High Blood Pressure	Y	N	Diabetes	Y	N
Kidney Problems	Y	N	Heart Murmur	Y	N
Poor Vision	Y	N	Poor Hearing	Y	N
Allergies	Y	N	Other:_________________________		

Has the child had, or does the child currently have injuries to:

Shoulder	Y	N	Knee	Y	N	Ankle or Leg	Y	N
Finger	Y	N	Arms	Y	N	Back or Neck	Y	N

Is the child currently taking any medication? Y N
If Yes, what and why:____
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LIST ANY CURENT RESTRICTIONS CURRENTLY PLACED ON THE CHILD'S ACTIVITIES AT THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER:__________
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The insurance provided by the Downriver Junior Football League is a secondary insurance. Said insurance has a $250.00 deductible. Parents / Guardian, by signing this form you acknowledge the fact that the insurance provided is secondary and has a deductible. You also accept the financial responsibility of pay the deductible.

Parent / Guardian (Print):____

Parent / Guardian (Sign): ___________________________ Date:______________

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