

Lakeland Jr. Chiefs

PLAYER/CHEERLEADER MEDICAL INFORMATION FORM

Name _____ Height _____(football only)

Address _____ Weight _____(football only)

Father's name _____ Mother's Name _____

Date of Birth _____ Age _____ Phone# _____

Grade in Sept _____ Years with Jr. Chiefs _____

Have you ever been treated for:

| | | |
|------------------------|-----|----|
| Rheumatic Fever | yes | no |
| Lung Disease(Asthma) | yes | no |
| Neurological Disorder | yes | no |
| High Blood Pressure | yes | no |
| Kidney (Renal) Disease | yes | no |
| Heart Disease | yes | no |
| Diabetes | yes | no |
| Polio | yes | no |
| Arthritis | yes | no |

Other: _____

List Allergies: _____

List Current Medications: _____

Family Physician: _____ Phone: _____

Parents Signature: _____ Date: _____

Person to be contacted in the event parent is not available:

Name: _____ Phone: _____

Relationship: _____

****A medical slip from your doctor is required for any current health problems.**