

Westport Youth Commission Health Assessment 2014-2015 Season

Player Information (please print legibly)

male female

Legal Name (Last, First MI) must match birth certificate Date of Birth Age

Address / Town/ Zip Code

Parent/Guardian Home Phone Cell Phone Work Phone

Email Address Emergency Contact (other than parent/guardian) Phone Number

Primary Care Physician Phone number

Please do not leave questions blank

Any Allergies to any Medications? _____

Any allergy to food (if so, what kind of reaction)? _____

Any allergy to other (ie. bees) (if so what kind of reaction)? _____

Immunizations Up to Date? YES NO last tetanus booster date _____

Does your child take any medications? If so, please list them:

Any medical condition the Youth Commission staff/volunteers should be aware of in case of a medical emergency or that would affect his/her participation in a sport? (circle one) None OR See below

Official Authorization Follows:

I (parent/legal guardian), _____ recognize while participating in this recreation program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the WYC may be unable to contact me for my consent for emergency care. I do hereby consent in advance to such emergency care, including hospital care as deemed necessary under the circumstances and assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

I understand that the information contained in this form shall be privy to Youth Commission staff and volunteers and understand that this information is available off hours in the event of an emergency.

Parental/Guardian Signature Date