MEDICAL HISTORY FORM-----MAT-TOWN USA WRESTLING CLUB

This form must be filled out at registration. You cannot actively participate on the mats without this form on file. If an athlete receives an injury while in training that requires medical attention that lasts more than three days, they should be seen by a physician.

Name: ______________________________________Date of birth___________Grade in school _____________
Name of Parent or guardian____
Street or P.O. Box_____________________________City_____________________St._______Zip___________
Home phone: (_____)_____________Work # (______)_______________Cell Phone # (_____)_______________

Name at least one person who would likely know where you could be reached if we are unable to reach you at home.
Name ____Phone # (______)______________________________
If your child needs to be seen by a physician, do you want us to contact you before they are taken to the physician?
Yes_________ No________. (**In case of an emergency, we will act accordingly**.)
Name of Insurance Company or HMO ____
Policy #____Group #_______________________________________
In whose name is insurance listed? ____
Name of Primary Care Physician ____________________________________Phone (_______)________________

MEDICAL HISTORY OF ATHLETE:
Is your child presently on medication? Yes _________ No __________If so, what?__________________________
Prescription _____________________Over the counter _______________________
Would you like the trainers to give this medication? Yes ________ No _________ If the answer is Yes, please list dosages and time of day meds are to be given____
Drug sensitivities: ____
Allergies: ____ Date of last tetanus shot__________
If needed, may the trainers give your child Advil ____________Tylenol ______________ Tums _______________
Has your child had any medical problems in the last year for which they were hospitalized? Yes______ No_______
If so, What? (Use back of paper if necessary)____
Does your child use an inhaler to treat asthma? Yes________No_________ **If the answer is yes, the athlete must have an inhaler present at all times during practice or competition.**
Has your child had any significant injuries that were seen by a physician? Yes __________No ____________
List injuries and give approximate date(s) Example: Neck, ankle, knee, etc. (Use the back of paper if necessary.)

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PLEASE READ THE FOLLOWING PARAGRAPH, DATE, AND SIGN.

I verify that my child has been checked by a physician in the last year and is physically able to participate in the Mat-Town USA wrestling training program. If my child needs medical treatment while participating, it is my wish that treatment be started immediately if it is deemed necessary by a physician or nurse. I understand that every effort will be made to notify me in case of any major illness or injury. I will accept full responsibility for all costs related to such treatment.

Date: ________________________________ Signature: ____