HILLSBOROUGH JR RAIDERS

Medical Profile Form (This form must be handed in before practice begins

Sport: ___Cheer / ___ Field Hockey / ___ Flag Football / ___ Girls Lacrosse / ___ Tackle Football / ___ Track & Field / ___ ALL

PARTICIPANT INFORMATION (FILLED OUT BY PARENT/GUARDIAN)

Last Name	First	M.I.
Phone Number:	MALE	FEMALE
Date of Birth		
Primary Insurance Co Name:		
Policy Number:		
Physician Name:	Number:	
Parent/Guardian	Home:	Cell:
Parent/Guardian	Home:	Cell:

PARTICIPANT MEDICAL HISTORY (FILLED OUT BY PARENT/GUARDIAN)

If you have answered "yes" to any of the questions below, please explain in the back of this form.		
1. Any prescribed or over the counter medications taken regularly? (inhalers, epi-pens, etc.)	YES	NO
2. Have you ever had a concussion? If yes, how many:_____	YES	NO
3. Are there any allergies?	YES	NO
4. Any physical/medical problems that we should be aware of?	YES	NO

PHYSICAL EXAMINATION (FILLED OUT BY YOUR MEDICAL PROVIDER)

Height: _____ Weight: _____	Date of Exam:
Date of last physical (must be within 1 year):	
Date of last tetanus shot:	
Anything Abnormal to note:	Medically Approved (YES) to participate in:
	Cheerleading _____
	Tackle Football _____
	Flag Football _____
	Track & Field _____
	Girls Lacrosse _____
Physician Stamp (Required):	Field Hockey_____
	Medically NOT Approved _____
	Explain Why NOT:
	Exam by:

DISCLAIMER AND SIGNATURE (FILLED OUT BY PARENT/GUARDIAN)

I hereby certify that this information is accurate to the best of my knowledge. I the undersigned certify that I am the parent or Guardian of the above named child. I do hereby consent to participation in the JR Raider Youth Program by our child/ward. We acknowledge that his/her participation is under the jurisdiction of the organizers, sponsors, officers and managers of the organization. We hereby release the said organizers, sponsors, officers and managers of the said organization from any and all claims or actions whatsoever based on any participation of our above named child/ward. We give our consent for coaches and trainers to use their own judgment in securing medical aid and ambulance service in the event of an emergency. I hereby authorize our designated emergency physician and or their designated associates or assistants or their covering physicians or in the event these persons cannot be contacted the emergency physician on duty at the emergency center to provide emergency treatment to our child/ward. No major surgery or life-threatening procedures may be performed upon my child/ward and no general anesthesia may be administered unless: the life or health of my child/ward is in imminent danger or delaying such treatment to obtain consent would create a threat of serious injury to the health of my child/ward or The attending physician and one other physician consult and agree that such treatment is unnecessary for the health of my child/ward. I HEREBY GIVE CONSENT FOR ADMISSION TO THE TREATING HOSPITAL OF MY CHILD/WARD IF IN THE JUDGEMENT OF THE ATTENDING PHYSICIAN IT IS NECESSARY FOR ANY TREATMENT AUTHORIZED HEREIN. This consent is to be effective only after reasonable efforts have been made to contact and obtain my consent to any emergency treatment.

Please note by signing this form you acknowledge that both parents/guardians agree to the above.

Signature:	Date: