

# Clearfield Pee Wee Football

## Player Information

Player Name \_\_\_\_\_ Male/Female (circle one)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade (2015-2016) \_\_\_\_\_

Current Physical Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Have you played before? \_\_\_\_ Team/Coach's Name \_\_\_\_\_

## Emergency Information

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Player Allergies \_\_\_\_\_

Player medical conditions physicians and coaches should be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Player prescription medicines \_\_\_\_\_

I consent for an emergency medical care provider to administer any medical care deemed necessary to the welfare of the aforementioned player while at practice or games. If I cannot be reached I give permission for physicians to secure appropriate consultation to provide necessary medical care. I also agree to pay for related medical expenses for such emergency care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Health History

Explain "Yes" answers below.

	Yes	No
1. Has a doctor ever denied or restricted your participation in a sport?	_____	_____
2. Do you have an ongoing medical condition (asthma, diabetes, etc.)?	_____	_____
3. Are you currently taking any prescription or over the counter medications?	_____	_____
4. Do you have allergies to medications, pollens, foods, insects, etc.?	_____	_____
5. Have you ever passed out during or after exercise?	_____	_____
6. Does anyone in your family have heart problems?	_____	_____
7. Has any family member or relative died of heart problems or sudden death before the age of 50?	_____	_____
8. Have you ever had surgery?	_____	_____
9. Have you ever had broken or fractured bones, sprains or dislocations?	_____	_____
10. Do you asthma or seasonal allergies?	_____	_____
11. Do you cough, wheeze or have difficulty breathing during or after exercise?	_____	_____
12. Have you ever used an inhaler or taken asthma medication?	_____	_____
13. Have you ever had a concussion or head injury?	_____	_____
14. Have you ever suffered confusion or memory loss due to a hit in the head?	_____	_____
15. Do you experience dizziness and/or headaches with exercise?	_____	_____
16. Have you ever had a seizure?	_____	_____
17. When exercising in the heat have you ever had muscle cramps or nausea?	_____	_____
18. Do you wear glasses or contact lenses?	_____	_____

#'s

Explain "Yes" Answers in the box below


**I hereby certify to the best of my knowledge that the above information is correct and complete.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Clearfield Pee Wee Football Examination Form

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (2015-2016) \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Recheck BP \_\_\_\_\_

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose/Throat		
Cardiovascular		
Lungs		
Abdomen		
Neurological		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the Health History and performed a comprehensive initial pre-participation physical evaluation of the aforementioned player. Based on these evaluations, **except as specified below**, this player is physically fit to participate in Pee Wee Football practices and games.

\_\_\_\_\_ Cleared

\_\_\_\_\_ Cleared, with recommendation (s) for further evaluation or treatment for the following condition: \_\_\_\_\_

\_\_\_\_\_ **NOT CLEARED** due to: \_\_\_\_\_

Recommendation (s)/Referrals \_\_\_\_\_

Medical Examiner Name (printed) \_\_\_\_\_

Medical Examiner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_