Katy Rugby Football Club
2018 / 2019 Season

Medical Information Form

Name of Player: ____

Team: ☐ Minis ☐ Gr 1-2 ☐ Gr 3-4 ☐ Gr 5-6 ☐ Jr High ☐ High School

MEDICAL HISTORY

	Yes	No
1. Are you aware of any current health problems?	☐	☐
2. Has there been any surgery, injury, illness, allergy or change in health status in the last year?	☐	☐
3. Is there a history or current disease or problems regarding the following? If yes, please answer the questionnaire below:	☐	☐

	Yes	No			Yes	No
Asthma	☐	☐		Diabetes	☐	☐
Concussions	☐	☐		Appendicitis	☐	☐
Attention Deficit Disorder	☐	☐		Heart trouble	☐	☐
Rheumatic fever	☐	☐		Epilepsy	☐	☐
Seizure	☐	☐		Deformity	☐	☐
Hernia (rupture)	☐	☐		Nervous condition	☐	☐
Surgery	☐	☐		Convulsions	☐	☐
Back, limbs or joints	☐	☐		Chest and lungs	☐	☐
Nose, sinus, tonsils	☐	☐		Teeth	☐	☐

SPORT-SPECIFIC INJURIES

Include any type of injury, date and if hospitalization or surgery was required.
Head:
Spine:
Shoulder:
Knees:
Ankles:
Other:

Medical Information Form

Has it ever been necessary to restrict the player's activities for medical reasons

☐ YES ☐ NO

If yes, please explain:

____

Does the player take medication (prescription or over the counter) on a regular basis?

☐ YES ☐ NO

If yes, please list in detail the drug, dosage and the frequency.

____

Any medical information that will require special care by the KRFC coaches or managers:

☐ YES ☐ NO

If yes, please explain:

____

____

PARENT OR GUARDIAN SIGNATURE

Player (Must be signed if age 18 & Older)		**Parent/Guardian**
Signature:		Signature:
Print Name:		Print Name:
Date:		Date: