

# Havre Youth Hockey Association MEDICAL HISTORY FORM

This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian/Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE COMPLETE MEDICAL HISTORY INFORMATION BELOW

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Head Injury          | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Allergies: _____ |
| <input type="checkbox"/> Fainting spells      | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes         |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Hernia              | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Neck or back injury  | <input type="checkbox"/> Heart Murmur        | _____                                     |
|   |  | _____                                     |

### Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster?  Yes  No If yes, when? \_\_\_\_\_

Are you currently taking any medications?  Yes  No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity?  Yes  No If yes, please explain on back.