MEDICAL HISTORY FORM

Name:_____ Gender: M F (Circle one) Date of Birth:_____

Street/City/Zip:_____ Parent Email:_____

Primary Phone:_____ _____ Secondary Phone:_____ _____

PARENT/GUARDIAN TO CONTACT IN CASE OF AN EMERGENCY?

Name:_____ or _____

Physician's Name:_____ Physician's Phone:_____

Hospital of Choice:_____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and it's implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?	**Circle One**			**Circle One**	
Head injury (concussion, skull fracture)	Yes	No	Neck or back injury	Yes	No
Fainting spells	Yes	No	Convulsions/epilepsy	Yes	No
Asthma	Yes	No	High blood pressure	Yes	No
Kidney problems	Yes	No	Hernia	Yes	No
Diabetes	Yes	No	Heart murmur	Yes	No
Allergies	Yes	No	Please specify:_____		
Injuries to:					
Shoulder	Yes	No	Knee	Yes	No
Ankle	Yes	No	Fingers	Yes	No
Arm	Yes	No			

Other:_____

Impaired vision	Yes	No
Impaired hearing	Yes	No

Other:_____

Have you had a recent tetanus booster? _____ If so, when? _____

Are you currently taking any medications? What? Why? _____

Has the doctor placed any restrictions on your activity? Explain: _____

_____

Parent Signature: _____ Date: _____

USA HOCKEY CONSENT TO TREAT

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:

Name of Insurance Company: _____Address: _____

Policy Number: _____ Signed: _____
(Parent/Guardian or adult participant)

Relationship to Athlete: _____ Home Address: _____

Phone: (_____) - _____ Date: _____ Excess accident insurance up to $25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participant. For further details visit www.usahockey.com or call USA Hockey at (719) 576-USAH.

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