

**VOORHEES JR. FOOTBALL**

**Athletic Medical Profile Form (This Form Must Be Handed In Before Practices Begin)**

**HISTORY – (FILLED OUT BY PARENT OR GUARDIAN)**

\_\_\_\_\_  
Child's FIRST Name

\_\_\_\_\_  
Child's LAST Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

1. Is there any medication now being taken? \_\_\_\_\_
2. Any family history of high blood pressure \_\_\_ heart trouble \_\_\_ diabetes \_\_\_?
3. Ever had a heart murmur? Heart disease \_\_\_? Palpitations \_\_\_?
4. Ever been knocked unconscious (concussion)? \_\_\_\_\_
5. Any history of wheezing or hay fever? \_\_\_\_\_
6. Any trouble with vision? Glasses or contacts required? \_\_\_\_\_
7. Any hearing problems? \_\_\_\_\_ Ruptured eardrum? \_\_\_\_\_
8. Any problem with kidneys? Absence of one kidney? \_\_\_\_\_
9. Previous fractures or broken bones? \_\_\_\_\_
10. Operations or surgery? \_\_\_\_\_
11. Have you ever had a back \_\_\_ knee \_\_\_ or ankle \_\_\_ injury?(details) \_\_\_\_\_
12. Major medical illness (convulsions or seizures, anemia, diabetes, thyroid disease, bleeding, disorders, hepatitis, headaches, infectious mono, etc.) \_\_\_\_\_
13. If you are a Girl. Do you have any menstrual problems? \_\_\_\_\_
14. Date of last physical (must be within 1 year) \_\_\_\_\_
15. Date of last tetanus shot? \_\_\_\_\_

☐  
Check here if using the back of this form for any additional important medical information.

**PHYSICAL EXAMINATION (Filled out by your medical provider)**

**Date of Exam** \_\_\_\_\_

Height in inches : \_\_\_\_\_ Weight in LBS. : \_\_\_\_\_ Blood Pressure : \_\_\_\_\_

Vision Right: 20/\_\_\_\_ With Correction: 20/\_\_\_\_ Left: 20/\_\_\_\_ With Correction: 20/\_\_\_\_

	Normal	Abnormal	Explanation of Abnormality
Dentition	_____	_____	_____
HEENT	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Hernias	_____	_____	_____
Extremities	_____	_____	_____
Knees	_____	_____	_____
Ankles	_____	_____	_____
Other	_____	_____	_____

**Medically Approved to participate in tackle football:** \_\_\_\_\_

**MEDICALLY NOT Approved** \_\_\_\_\_

Explain: \_\_\_\_\_

Exam by: \_\_\_\_\_

Phone number: \_\_\_\_\_

**VOORHEES JR. FOOTBALL CONSENT FORM**

Insurance Co./Policy # \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

I the undersigned certify that I am the parent or Guardian of the above named child. I do hereby consent to participation in the Voorhees Jr. Vikings Football 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. \_\_\_\_\_ (Please initial here) 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.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_