

Lake Nona Youth Sports Medical History Form

Last Name _____ First Name _____ Middle _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Cheer _____ Football _____ Wrestling _____
Mother's Name _____ Phone # _____
Father's Name _____ Phone # _____

Athlete Medical History

- | | | |
|---|-----|----|
| 1. Are there any current injuries requiring medical attention? | Yes | No |
| 2. Is the Athlete currently under the care of a medical practitioner? | Yes | No |
| 3. Does the Athlete have an ongoing chronic illness? | Yes | No |
| 4. Is the Athlete currently taking any medications? | Yes | No |
| 5. Does the Athlete have any allergies? (Medications, Bee Stings, etc) | Yes | No |
| 6. Does the Athlete's allergy require the use of an Epi Pen? | Yes | No |
| 7. Does the Athlete have asthma/require the use of an inhaler? | Yes | No |
| 8. Is the Athlete diabetic/require treatment for diabetes? | Yes | No |
| 9. Does the Athlete wear glasses or contact lenses? | Yes | No |
| 10. Does the Athlete wear a brace or other medical support device? | Yes | No |
| 11. Has the Athlete ever been diagnosed with the sickle cell trait/disease? | Yes | No |
| 12. Has the Athlete ever had a seizure? | Yes | No |
| 13. Has the Athlete ever had a concussion? | Yes | No |
| 14. Does the Athlete have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide an explanation in the space provided.

I hereby certify that this information is accurate to the best of my knowledge. I understand that it is my responsibility to inform my Athlete's coach and organization in writing if there is any change in the medical status of my Athlete. **I also understand that written permission from my Athlete's Medical Practitioner on medical stationary will be required in order for my Athlete to resume participation with this organization after suffering a concussion or any other injury requiring medical treatment.**

Signature of Parent or Legal Guardian _____

Print Name of Parent or Legal Guardian _____

Relationship to Participant _____

Date _____

