

**MONROE TWP. BRAVES
MIDGET FOOTBALL AND CHEERLEADING
MEDICAL FORM**

* - Information Required

* CHILD'S NAME _____ * PHONE _____
* ADDRESS _____ * TOWN _____

* FAMILY PHYSICIAN _____ * PHONE _____

* EMERGENCY CONTACT NAME 1 _____
* PHONE _____ * RELATIONSHIP _____

* EMERGENCY CONTACT NAME 2 _____
* PHONE _____ * RELATIONSHIP _____

HAVE YOU HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING ?

IF YES, BRIEFLY DESCRIBE THE PROBLEM & CURRENT STATUS OF THE PROBLEM IN THE SPACE PROVIDED BELOW.
ALSO, WHEN REGISTERING MULTIPLE CHILDREN, PLEASE USE THIS SPACE TO TIE A CONDITION TO SPECIFIC
CHILD(REN). THANK YOU !

- | | | |
|---|-----------|----------|
| * HEAD INJURY/CONCUSSION/SKULL FRACTURE | YES _____ | NO _____ |
| * FAINTING SPELLS | YES _____ | NO _____ |
| * CONVULSIONS/EPILEPSY | YES _____ | NO _____ |
| * NECK OR BACK INJURY | YES _____ | NO _____ |
| * ASTHMA | YES _____ | NO _____ |
| * HIGH BLOOD PRESSURE | YES _____ | NO _____ |
| * HERNIA | YES _____ | NO _____ |
| * DIABETES | YES _____ | NO _____ |
| * HEART MURMUR OR OTHER PROBLEMS | YES _____ | NO _____ |
| * ALLERGIES | YES _____ | NO _____ |

IF YES, PLEASE SPECIFY ALLERGIES _____

- | | | |
|---------------------------------|-----------|----------|
| * INJURIES TO JOINTS – SHOULDER | YES _____ | NO _____ |
| * INJURIES TO JOINTS – KNEE | YES _____ | NO _____ |
| * INJURIES TO JOINTS – ANKLE | YES _____ | NO _____ |
| * INJURIES TO JOINTS – OTHER | YES _____ | NO _____ |

PLEASE PROVIDE DETAILS HERE FOR ALL "YES" RESPONSES

HAVE YOU HAD OR DO YOU NOW HAVE?

- | | | |
|------------------------------|-----------|----------|
| * FREQUENT COLDS/FLU ATTACKS | YES _____ | NO _____ |
| * FREQUENT EARACHES | YES _____ | NO _____ |
| * DIARRHEA | YES _____ | NO _____ |
| * POOR VISION | YES _____ | NO _____ |
| * POOR HEARING | YES _____ | NO _____ |

PLEASE PROVIDE DETAILS HERE FOR ALL "YES" RESPONSES

* HAVE YOU HAD A RECENT TETANUS BOOSTER YES _____ NO _____

IF SO, WHEN? _____

* ARE YOU CURRENTLY TAKING ANY MEDICATION YES _____ NO _____

IF YES, WHAT AND WHY? _____

* HAS YOUR DOCTOR PLACED ANY RESTRICTION ON YOUR ATHLETIC YES _____ NO _____

IF YES, PLEASE EXPLAIN
