**Medical History Form**

Player name Date .

Emergency contact and number .

Emergency contact and number

Physician name and number .

**LIST** any medical conditions that player has (e.g. asthma):

**LIST** any past injuries player have had (e.g. broken bones, concussions):

**LIST** any medications that player takes:

**LIST** any drug or food allergies player has:

Parent\ Guardian Signature: