



# Northeast Bradford Medical Information Form

Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade (2018-2019) \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**Other Parent or Secondary Contact:** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Is your child currently being treated for any illness / injury or currently taking any medication?** Yes / No

Describe \_\_\_\_\_

Type / Dose of medication \_\_\_\_\_

**Does your child use a bronchial inhaler, epi-pen or other health related device?** Yes / No

Explain \_\_\_\_\_

**Does your child have any severe allergies? (medicine, foods, bee/wasp/hornet stings, etc) Does he/she carry an epipen?** Yes / No

Explain \_\_\_\_\_

**Has your child EVER had or been treated for any head injuries, concussions, or traumatic brain injuries?** Yes / No

Explain (please give dates) \_\_\_\_\_

**Does your child wear any orthodontic devices or wear contacts during practice or games?** Yes / No

Explain \_\_\_\_\_

**Has your child experienced or been treated for any orthopedic injuries (fractures, ligament damage, dislocations, etc.?)**

Yes / No

Explain \_\_\_\_\_

**Other Pertinent Medical Information (prior surgeries, diabetes, heart conditions, chronic injuries, etc.):**

**Insurance Information:** Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Emergency Treatment Statement:** I hereby give permission to the medical personnel selected by NEB personnel to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NEB personnel to hospitalize, secure proper treatment for, and order injections, and/or anesthesia, and/or surgery for my child named above in the event of a life threatening emergency.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

