



MEDICAL HISTORY INFORMATION FORM AND CONSENT
AUTHORIZATION FOR MEDICAL TREATMENT FOR MINOR CHILD
WARREN YOUTH FOOTBALL PROGRAM

CHILD'S NAME

To insure the safety of the participants, the program is requiring all parents or legal guardians to fill out this form. There are some conditions that restrict a child from participating in contact sports, the list includes but is not limited to: BLOOD DISEASE, ONE EYE, ONE KIDNEY, SKELETAL DISORDER, EPILEPSY, AND RECENT SURGERY NOT LESS THAN 8 WEEKS.

I, WE _____ AND _____
NAME NAME

OF _____ Lake County, Illinois, do hereby state that I (NATURAL PARENT(S)) (LEGAL GUARDIAN(S))
CITY

Having legal custody of child listed above, minor age _____ Born _____
AGE DATE OF BIRTH

We consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the state, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. This consent expires at the conclusion of the football season, including playoffs and any extended play.

Signature of Parent or Guardian Date

I(we), the parent(s) or legal guardian of the above named child, who is a candidate for a position on the Warren Youth Football squad, hereby give my approval for his/her participation in any and all activities of the Warren Youth Football program during the current season, in exchange for acceptance of said child's candidacy by Warren Youth Football. I assume all risks and hazards incidental to the conduct of the activities, and release, absolve, and hold harmless Warren Youth Football and all its respective officers, agents and representatives from any, and all, liabilities for injuries to said child arising out of travel to, participating in, or returning from the football games, practices, or exhibitions conducted during the season.

In case of injury to said child, I(we) hereby waive all claims against Warren Youth Football/Warren Township or any person transporting said child to and from the football activities. There is a risk of being injured that is inherent in all sports and some of these injuries include, but are not limited to, FRACTURES, PARALYSIS, OR DEATH. You should discuss this with your child.

SAID CHILD IS COVERED BY THE FOLLOWING INDIVIDUAL OR FAMILY-TYPE INSURANCE:

INSURANCE COVERGAE NAME

FAMILY PHYSICIAN PHYSICIAN'S PHONE NUMBER (INCL. AREA CODE)

DOES THE PARTICIPANT HAVE ANY OF THE FOLLOWING: (PLEASE CHECK)

- () RECENT SURGERY () EYE GLASSES OR CONTACTS () EPILEPSY
- () HEART DISEASE () SKELETAL DISORDERS () KIDNEY PROBLEMS
- () BRACES () ALLERGIES () BLOOD DISEASE
- () AUTO ACCIDENT () ASTHMA () LIVER DISORDER
- () HEARING LOSS () ALLERGIC TO BEE STINGS () OTHER

LIST ALL ROUTINE MEDICATIONS _____

PURPOSE FOR MEDICATION _____

IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW?

I(we), the parent(s) or legal guardian(s) along with the WYF player named above agree that we have read, understand and will comply with the following documents (WYF Parent Code of Conduct, Warren Township Code of Conduct and WYF Player Code of Cnduct) and understand that they can be referenced any time at www.warrenyouthfootball.com. The presence of our signatures on this form is representative of our acknowledgement and signatures on said forms.

WYF Parent Code of Conduct Warren Township Code of Conduct WYF Player Code of Conduct

Signature of Parent(s) or Guardian(s) Signature of WYF Player