



MEDICAL HISTORY FORM

This form must be submitted to NCYFL –prior to athlete participating in football / cheerleading.

Section I

Legal name of Participant (must match birth certificate)

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Name of primary Medical Insurance Company: _____

Policy Number: _____ Membership Number: _____

Name of Policy: _____

- 1. Are there any injuries requiring medical attention? Yes No
2. Are there any past surgeries? Yes No
3. Is the participant currently under any medical care? Yes No
4. Does the participant have any allergies? Yes No
5. Do the participant have asthma / require use of inhaler? Yes No
6. Is the participant a diabetic / require medications? Yes No
7. Does the participant or has he / she had seizures? Yes No
8. Does the Participant have any other limitations or Medical conditions? Yes No

If you answered Yes to any of the above questions above please provide an explanation in the following space:

Three horizontal lines for providing an explanation.

I hereby acknowledge that it is my responsibility to inform my child's coach in writing if there is any change in his / her medical condition. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed: _____

Print Name: _____

Relationship to participant: _____

Dated: _____