



## **GOLDEN EMPIRE YOUTH FOOTBALL & CHEER**

### ***(Participant Medical Alert & History Form)***

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Team: \_\_\_\_\_ Division: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent/Guardian: Please provide the league with all applicable medical information regarding GEYF/GEYC participant.**

*(Please check the appropriate box, if condition does not apply, leave blank.)*

**\*Cardiovascular disorder**

- Murmur
- HTN
- Persistent cough or SOB or chest tightness
- Dizziness, palpitations or faintness with exercise
- Marfan syndrome
- Rheumatic fever

**\* Asthma (allergic or exercise induced)**

**\* Neurologic disorder**

- Head injury (concussion) or neck injury
- Syncope or convulsions
- Frequent headaches

**\* Musculoskeletal disorder (e.g., fracture, joint dislocation, or injury)**

**\* Eyes, ears, nose, and throat (EENT)**

- Impaired vision, temporary loss of vision, history of detached retina
- Use of contact lenses or glasses
- Perforated eardrum, use of hearing aid(s)
- Orthodontia

**\* Metabolic disorder**

- DM ( especially insulin dependent)
- Tendency to bleed or bruise easily, anemia
- Mononucleosis
- Weight problems or eating disorders

**\* Allergies**

- Hay fever
- Bee sting reactions
- Medication reactions

**\* Previous surgery (e.g., orthopedic, absence of kidney or testicle)**

**\* Medications (e.g., prescription, emergency, prn use)**

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