

Medical/History Release

Colby Girls Fast Pitch Association (CGFPA)

(Sponsoring and governing body of Sweet Thunder teams)

PLEASE BE SURE TO ANSWER ALL OF THESE QUESTIONS CAREFULLY

Player's Name: _____

List all drugs which the player must take: _____

List any physical or emotional conditions important to health record: _____

List any allergies (food and/or drug) and the remedies used: _____

Circle the following HEALTH CONDITIONS to which the Player is subject:

Ear aches

Sinus infection

Constipation

Headaches

Nose bleeds

Indigestion

Sore Throat

Fainting

Sleep walking

Seizures

Heat exhaustion

Date of player's most recent tetanus shot: _____

MM/DD/YY

May aspirin be administered to your player by the coach? YES NO

May acetaminophen, i.e. Tylenol, be administered to your player by the coach? YES NO

YOU WILL BE CONTACTED AS SOON AS POSSIBLE SHOULD YOUR PLAYER BECOME ILL OR BE INJURED. PLEASE COMPLETE THE FOLLOWING AND SIGN.

I hereby authorize first aid treatment and medical treatment as may be deemed necessary on behalf of my player, including drugs and anesthetics as administered by a physician.

Parent's/Guardian's Signature

_____ Date

Insurance Company _____ Policy # _____

Father's SS # _____ Mother's SS # _____

I hereby authorize a claim to be filed on my behalf under the above medical policy in the event my player sustains an injury.

_____ Player's Name

_____ Parent's/Guardian's Signature

_____ Date

In case of emergency, I may be contacted at:

Name _____ Phone Number _____ City _____

Name _____ Phone Number _____ City _____