



LASSITER JR. TROJAN FOOTBALL

MEDICAL INFORMATION FORM

PLAYER NAME _____ Date of Birth _____

Allergies, including drug allergies _____

If so, does the player carry an Epi-pen? YES NO NA

List all medications, including vitamins and nutritional supplements, that the player is currently taking:

Does the player have asthma? YES NO

Does the player carry an inhaler? YES NO NA

List any significant physical problems of which we should be aware _____

PHYSICIAN STATEMENT & MEDICAL APPROVAL TO PLAY FOOTBALL

Physician Name _____

Office Address _____

Phone Number _____

Date of Physical _____

Player Restrictions _____

On the basis of the physical examination, together with the medical history furnished to me by the player's parent or guardian, I have found no indications of physical or medical problems which would make it inadvisable for the above player to engage in supervised athletic activities, including football, except as indicated above.

Physician's Signature

Date