

# PERSONAL HEALTH AND MEDICAL RECORD

Cardinal Flight Girls Basketball

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

If person(s) named above are not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal dentist \_\_\_\_\_ Phone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Allergies \_\_\_\_\_

List of medical concerns (including required medications) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List equipment needed (contacts, braces, hearing aids, etc.) \_\_\_\_\_

\_\_\_\_\_

I give permission for \_\_\_\_\_ to participate on a Cardinal Flight team. Cardinal Flight membership entitles a player to participate in the basketball activities and events sponsored by the organization. I hereby authorize the directors of Cardinal Flight to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the coaches and Cardinal Flight of all liability for illness and injury. I will inform coaches of any special medical needs of my daughter. My daughter is covered by our family health insurance, is in good health, and is able to participate in the physical activity of a vigorous program.

**In case of emergency**, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health care practitioner selected by the adult team coach in charge to serve proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date \_\_\_\_\_ Parent/Guardian Signature(s) \_\_\_\_\_