SHRINE MAPLE SUGAR BOWL
PHYSICIAN MEDICAL RELEASE

(Doctor's section must be completed by Physician)

PLAYER INFORMATION (Parents, please complete top half)

Participant's Last Name _____ First _____ MI _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies _____
b. Convulsions _____
c. Blackouts _____
d. Heart/Lung Problems _____
e. Physical Handicap _____
f. Medicine Reactions _____
g. Disease of any kind _____
h. Other (be specific) _____

If currently taking medication, please provide the following information:

Name of Medication _____

Prescribing Physician _____ Physician's Phone _____

Date of last tetanus shot: _____/____/___ (If over 10 years, please renew)

Have you ever had or currently have:

Broken Bones	Yes	No	Joint Disease	Yes	No
Shoulder Dislocation	Yes	No	Knee Problems	Yes	No
Back Problems	Yes	No	Convulsions or Blackouts	Yes	No
Head injury resulting in unconsciousness	Yes	No	Concussion	Yes	No

If Yes: Date ____/____/____

Hospitalization: Yes No Date ___/___/___ If yes, Explain _____

Has your son had any illness or injuries within the last 2 months? Yes No If Yes, explain_____

_____

Parent/Guardian Signature _____ Date _____

DOCTOR'S INFORMATION (To be completed by Physician)

Height _____ Weight _____ Vision: Right _____ Left _____ Eyewear: Glasses Yes No Contacts Yes No

Abnormalities of the following:

Head	Yes	No	Eyes	Yes	No	Ears	Yes	No
Nose	Yes	No	Lungs	Yes	No	Heart	Yes	No
Abdomen	Yes	No	Hernia	Yes	No	Spine	Yes	No
Knees	Yes	No	Other Joints	Yes	No	Skin	Yes	No
External Genitalia	Yes	No	Is there any loss or impaired function?	Yes	No			

Physician's Signature _____ Date _____

Physician's Printed Name _____

Address _____ City _____ State _____ Zip_____

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Save As...

Please use back if needed