

BOYERTOWN OPTIMIST GIRL'S SOFTBALL LEAGUE

HEALTH INFORMATION

NAME:  
ADDRESS:

SS#  
PHONE:

IN CASE OF EMERGENCY:  
NAME:  
ADDRESS:

PHONE:

HEALTH HISTORY:

HAVE OR SUBJECT TO: (PLEASE CIRCLE)

ASTHMA  
FAINTING SPELLS  
DIABETES  
SPORTS RESTRICTIONS

HEART PROBLEMS  
SEIZURES  
ALLERGIES  
OTHER \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

MEDICINE TAKEN REGULARLY (INCLUDE DOSAGE) \_\_\_\_\_  
WHERE IS MEDICATION? (IF APPLICABLE)

DIFFICULTY WITH EYES      EARS      THROAT      LUNGS      NONE  
MEDICAL RESTRICTIONS:

AUTHORIZATION

This health history is accurate to the best of my knowledge, and the person herein described has permission to engage in all activities, except as noted by me or a physician. In the event I cannot be reached in an emergency, I hereby authorize the physician, selected by the adult in charge, to administer medical attention, hospitalize, secure proper anesthesia or any medically necessary for the above named person.

SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN

DATE \_\_\_\_\_

FRIEND OF YOUTH