

**KNOXVILLE YOUTH ATHLETICS MEDICAL  
INFORMATION SHEET**

Athlete Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Male ( ) Female ( ) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Parents Telephone: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ Phone Number \_\_\_\_\_

**Name of Current Health Insurance Carrier:** \_\_\_\_\_

**Emergency Contact Other Than Parent:** Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

**Medical History**

1. Date of last tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Date of last medical exam / physical \_\_\_\_ / \_\_\_\_
3. Allergies (Food / Medication or Other) \_\_\_\_\_
4. List Current Medications \_\_\_\_\_
5. Asthma \_\_\_\_Y \_\_\_\_N If yes do you have inhaler and what type \_\_\_\_\_
6. List any other Medical Conditions which may impact or limit participation  
\_\_\_\_\_

In case of a medical emergency I give permission to the Knoxville Youth Athletics, its officials or volunteers to take my child to the nearest emergency treatment facility.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return to your coach prior to first practice

