

**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

Email