

PLAYER MEDICAL INFORMATION:

Please answer Yes or No to each of the following:

Have you had any of the following?:

Asthma _____ Inhaler _____

Chicken Pox _____ Diabetes _____ Heart Condition _____

Concussion _____ Fainting _____ Rheumatic Fever _____

Convulsion _____ Hay Fever _____

Past Operation(s) _____

Last Tetanus Shot _____

Is the player now under medical care for any condition? NO YES

Explain _____

Is the player allergic to any medications? NO YES

Explain _____

Is there any other information we need to know? NO YES

Explain _____

Medical Release

In case of an emergency, I hereby grant permission to the _____
Camp/School at Brown Representative to authorize medical treatment for my
_____ (daughter/son). I hereby acknowledge that I am legally responsible
for any and all medical expenses incurred by my _____ (daughter/son) during
_____ (her/his) enrollment in the _____ Camp/School at Brown.

Parent – Guardian Signature:

Date:

MAY WE ADMINISTER ACETAMINOPHEN (GENERIC TYLENOL)
TO YOUR _____ (daughter/son)? NO YES

You must bring this form with you to registration!