

**VIRGINIA "CLASS ACTION" SCRAPPERS SOFTBALL CLUB
MEDICAL HISTORY FORM**

Player's Name: _____ Team: 10U 12U 14U 16U 18U

Notify In Case of Emergency: _____
Relationship _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

History of Serious Illness or Injuries? Yes or No. If yes, please explain:

Do you currently have or have you had in the past any of the following illnesses or conditions:

Asthma _____	Convulsions or Epilepsy _____
Diabetes _____	Fainting _____
Heart Disease _____	Hearing Problems _____
Hi/Lo BP _____	Heat Prostration _____
Hernia _____	Menstrual Disorder _____

If yes to any of the above, please explain

Are you presently on any medication? ___ yes ___ no If yes, please give type, condition and dosage.

Are you allergic to any medication, i.e., ibuprofen, Tylenol, etc. ___ yes ___ no

If yes, please list. _____

Other allergies, i.e. beestings, etc.? ___ yes ___ no

If yes, please explain. _____

Do you wear glasses? ___ yes ___ no Do you wear contacts? ___ yes ___ no

Past athletic injuries? ___ yes ___ no If yes, explain.

The above answers are true and correct to the best of my knowledge. I hereby grant permission to the Virginia "Class Action" Scrappers Softball Club and its coaches and/or their consulting physician to render to my daughter any treatment or seek additional medical treatment that they deem reasonably necessary to the health and well being of my child.

Parent/Guardian Signature

Date