



## MEDICAL FORM

Child's last name:	First:	DOB ___/___/___	Sex: M    F
Home address:			Apt #:
City:	State:	Zip code:	
Parent/Guardian #1:		Phone #:	
Parent/Guardian #2:		Phone #:	
<b>HEALTH HISTORY</b> (check the ones that apply and give approximate dates)			
	<b>Allergies</b>	<b>Diseases</b>	
Ear infections:	Hay Fever:	Chicken Pox:	
Rheumatic fever:	Ivy poisoning, etc:	Measles:	
Convulsion:	Insect stings:	German Measles:	
Diabetes:	Penicillin:	Mumps:	
Behavior:	Other drugs:	Asthma:	
Past illnesses:		Contagious illnesses:	
Operations or serious injuries (dates):			
Hospitalizations (dates):			
<b><u>CONSENT FOR EMERGENCY MEDICAL TREATMENT</u></b>			
I do hereby give authority to the <b>Starz Track Club</b> staff to obtain emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.			
Relationship:		Signature:	Date:
<b><u>PHYSICAL EXAMINATION</u></b> (to be filled out by a physician)			
CODE:	S = Satisfactory	X = Not Satisfactory	O = Not Examined
General Appearance:			
Height:	Weight:	Blood Pressure:	Posture/Spine:
Throat/tonsils:	Eyes:	Vision:	Glasses:
Heart:	Extremities:	Ears:	Hearing:
Feet:	Lungs:	Skin:	Nose:
Teeth:	Abdomen:	Hernia:	Tonsil:
Describe abnormal findings:			
Recommendations and restrictions while on team:			
General Appraisal:			
I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in the <b>Starz Track Club</b> activities, except as noted above.			
Examining Physician:		M.D.	Date of examination:
Address:		Phone#:	