

ODYSSEY SPORT MEDICAL CARD

PLAYER'S NAME: _____

DATE OF BIRTH: ____/____/____

HEALTH HISTORY (to be completed by parent or guardian)

Have any members of your family under age 50 had a heart attack or heart problem? Yes _____ No _____

If yes, please explain _____

Have you ever been told you have a heart murmur? Yes _____ No _____

Have you ever been told you have an extra heart beat? Yes _____ No _____

Have you ever been told you have high blood pressure? Yes _____ No _____

Have you ever been told you have a heart abnormality? Yes _____ No _____

Are you taking any medications Yes _____ No _____ If yes please list _____

Significant past injuries (fractures, dislocations, concussions, major lacerations)

Please list with dates _____

Major medical illness (tuberculosis, rheumatic fever, asthma, diabetes, epilepsy, jaundice)

Please list _____

Currently under a doctors care? Yes _____ No _____ For what? _____

Glasses? Yes _____ No _____ Contact lenses? Yes _____ No _____

Wear removable dentures (or brldgework)? Yes _____ No _____

Any significant allergies? (food, insect stings, drugs, hives, asthma, other) Yes _____ No _____

If yes, please list _____

Any previous surgery? Please list with dates _____

Medical hospitalization? Please list wlth dates _____

Date of last tetanus toxoid booster? _____

Do you know any reason why this athlete should not participate tn athletics? Yes _____ No _____

Explain _____

The answers to the above questions are correct. I understand that any misrepresentation of any of the information contained herein will result in the student being denied the opportunity to participate. I hereby give my consent to the participation of the athlete listed above in the Odyssey Sport Program. Parents and guardians should be aware that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I/we have read and understand this warning. I shall assume all responsibility and expense for any injury received in practice or participation. I give my permission for my son/daughter to be diagnosed and treated by a licensed physician, certified athletic trainer and those directly under their supervision should service be necessary.

Signature of Parent or Guardian _____ Date _____

Father's name: _____ Work Telephone: _____

Mother's name: _____ Work Telephone: _____

Player's Home Address _____ Player's Home Phone _____

_____ AM Phone _____

Emergency Contact _____ PM Phone _____

Insurance Information Required

Insurance Company _____ Policy Number _____

Family Name On Policy _____

I have read and understand the Odyssey Sport Medical Card

Signature of Parent/Guardian _____ Player's Signature _____

Physical Examination Required

The following Athlete has been medically examined by a licensed medical physician and is physically cleared to participate in athletics.

Physician's Signature _____ MD Date of Physical _____