

The Douglas Brothers Foundation, Inc.



7193 Jonesboro Road, Suite 202A
Morrow, Georgia 30260
770-960-7770

Medical



Information and Release

Name _____

Age: _____ Date of Birth _____

Home Address _____

Home Phone: _____ Emergency Phone _____

List any allergies: _____

List any medications: _____

List any medications allergic to: _____

If child wear contacts, glasses, dental (false teeth), etc. please list:

I or We _____ hereby authorize

Managers and Coaches of The Douglas Brothers Foundation, Incorporated

(Team Name)

to obtain and authorize any necessary medical treatment of

_____ in case of emergency

(Child's Name)

by any licensed practicing paramedic or physician of closest licenses medical facility.

Parent's Signature: _____ Date: _____

The Douglas Brothers Foundation, Inc.



7193 Jonesboro Road, Suite 202A
Morrow, Georgia 30260
770-960-7770

MEDICAL HISTORY (Confidential)



FORM



Athlete's Name _____

Date of Birth _____ Age _____

Address _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

PLEASE CIRCLE "YES" OR "NO" AND PROVIDE DETAILS AS REQUESTED. ALL INFORMATION IS CONFIDENTIAL.

1. Are you allergic to any medication? (Penicillin, aspirin, sulfa, etc.)

NO YES List: _____

2. Do you take any medication on a permanent/semi-permanent basis (steroids, birth control pills, anti-inflammatory, antibiotics, etc?)

NO YES List and give reason: _____

3. Have you ever had an epileptic seizure?

NO YES Date of last seizure _____

4. Has a physician ever told you that you have epilepsy?

NO YES Medication: _____

5. Have you ever been treated for diabetes?

NO YES Medication _____

6. Has a physician ever told you that you were anemic?

NO YES When _____

7. Has a physician ever told you that you have sickle cell anemia?

NO YES

8. Has a physician ever told you that you have sickle cell trait?

NO YES

9. Do you have or have you ever had high blood pressure?

NO YES Medication _____

10. Do you have or have ever had any of the following diseases? Please circle what is applicable.

NO YES Date _____ Heart disease (murmur, rheumatic fever)

NO YES Date _____ lung disease (pneumonia, tuberculosis)

NO YES Date _____ kidney disease (infections)

NO YES Date _____ liver disease (mononucleosis, hepatitis)

11. Has a physician ever told you that you have asthma?

NO YES Medication _____

12. Have you ever had a hernia?

NO YES has it been repaired? (Date) _____

13. Have you ever been knocked-out (unconscious)?

NO YES (Dates) _____

14. Have you ever had a concussion of other head injury?

NO YES (Dates) _____

15. Are there any other medical issues not addressed that we need to know about?

Parent/Guardian Signature

Date