

Green Bay Gamblers Hockey

School Medical Waiver

Player Name: _____ Birth Date: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

MEDICAL HISTORY

If the answer to the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

<input type="checkbox"/> Head Injury	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies: _____
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions/Epilepsy	<input type="checkbox"/> Kidney Problems
<input type="checkbox"/> Hernia	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Neck or Back Injury
<input type="checkbox"/> Other: _____		

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No If yes, please list all on back.

Has a doctor placed any restrictions on your activity? Yes No If yes, please explain on back.

All players are required to wear helmets, facemasks, and other protective equipment as prescribed by USA Hockey. Each player must wear his/her own protective equipment. By signing this medical waiver, participants and parents agree to follow all rules and regulation as prescribed by the Green Bay Gamblers Hockey School.

Parent/Guardian Signature _____ Date _____

