

2011 DFRC Blue-Gold All★Star Football Game

BAND MEMBER MEDICAL/PARENT CONTACT FORM—Please print all requested information

Your Name: _____ School: _____
First Name Last Name Suffix

INSURANCE INFORMATION: Check here if you do not have insurance coverage—it will not disqualify you from participating.

Full Name of Subscriber: _____

Subscriber's Social Security Number: _____

Insurance Provider: _____ Insurer's Phone Number: _____
Include Area Code

Policy Group Number: _____ Policy Subscriber ID: _____
Include Area Code

Family/Primary Care Physician's Name: _____ Physician's Phone Number: _____
Include Area Code

Physician's Full Address: _____

MEDICAL HISTORY:

Head/Neck Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>	Knee Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Concussions Yes <input type="checkbox"/> No <input type="checkbox"/>	Ankle and Foot Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>
Back Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>	Drug/Insect Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>
Shoulder Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>
Arm and Hand Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous Surgeries Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above please provide an explanation (use additional sheets, if needed)

Have you previously seen an Orthopedic Surgeon for and injury? Yes No If yes, provide surgeon's name and contact info:
 Surgeon's Name: _____ Telephone: _____
Include Area Code

Office Address: _____

Parent/Guardian Contact Information (please print all information)

Mother/Guardian Full Name: _____

Email address: _____ Home Phone: _____ Other Phone: _____
Include Area Code Include Area Code

Occupation: _____ Employer: _____

Civic or Social Activities (Lions, Rotary, Scouting, Church, etc.): _____

Father/Guardian Full Name: _____

Email address: _____ Home Phone: _____ Other Phone: _____
Include Area Code Include Area Code

Occupation: _____ Employer: _____

Civic or Social Activities (Lions, Rotary, Scouting, Church, etc.): _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM - Thank you!