

# KENOSHA YOUTH FOOTBALL LEAGUE

Participant Medical History Form

*Est. 2014*

Name of Participant:

## Health Insurance

Carrier Name & Address

Group Number

Subscriber number

Preferred Hospital

Primary Physician

Address

Phone number

## Current Medical Conditions:

1.

2.

3.

## Current Medications:

1.

2.

3.

## Allergies (list all):

1.

2.

3.

## Previous Hospitalizations:

1.

Date

2.

Date

## Previous Surgery:

1.

Date

2.

Date

Parent/Guardian Signature \_\_\_\_\_

Date