



AQUINAS COLLEGE MEDICAL REPORT - RECRUITS/NON AQUINAS ATHLETES

THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN It is the aim of Aquinas College to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, must be made in schedules of activities to meet the individual needs of participants. The information will also be used in the unlikely event of any participant injuries or medical emergencies.

Participant First Name (Print)	MI	Last Name	Age	Birthdate
Home Street Address			Home Telephone	
Home City, State, Zip				

IN CASE OF EMERGENCY CONTACT:

First Name	Last Name	Relationship
Street Address, City		Daytime Phone () -

List any conditions we should be aware of: i.e. epilepsy, diabetes, allergies, etc.

Is the participant now under medication or treatment? Yes _____ No _____
Give type dosage, type of treatment in space below:

DATE OF LAST PHYSICAL EXAMINATION: _____

Insurance Information: Participants must be covered by their own medical insurance.

Insurance Company Name	Type (HMO, PPO, Blue Cross)
Subscriber's Name	Policy/Claim Number

Photo Release: YES ☐ NO ☐

PARENT OR GUARDIAN NAME: _____

Knowing that there are inherent risks involved in sports, ie. Contusions, strains, sprains, fractures, I/we voluntarily assume the risks involved in my/our child's participation in an Aquinas College athletic event. I/we waive Aquinas College, the Athletic Department, and any member of the staff of any liability resulting from such accidents, injuries or illness incurred during the program. Furthermore, the on-site Athletic Trainer, Coach, or Athletic Director is authorized to make any emergency decisions requiring medical attention.

Signature of Parent/Guardian: _____ Date: ____/____/____