GARY DINEEN HOCKEY SCHOOL
1 PRIOR ROAD
ENFIELD, CT 06082

PARENT OR GUARDIAN AUTHORIZATION

This health history is correct and the individual named has permission to participate in all team activities except as noted. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the team representative/coach to hospitalize and secure proper treatment for the individual named.

_____ _____ / _____ / _____
PARENT SIGNATURE DATE

Player Name _____
Class Date _____ Birth Date ___ / ____ / ___ Gender M F
Address _____
City _____ State ____ Zip _____ ___
Phone (Day) (_____) _____ - _____
Phone (Eve) (_____) _____ - _____

In Case of Emergency and parent /Guardian cannot be reached:
Contact: _____ Relationship _____
Phone (_____) _____ - _____

MEDICAL INSURANCE COMPANY (Required)
Ins Co. _____
Policy # _____ Group # _____
Insured Employer _____

CHECK THOSE THAT APPLY

Health History		Life Threatening Conditions
__ Contact lens	__ Ear Ache	__ Asthma
__Gyn Problem	__German measles	__ Diabetes
__Hay Fever	__Measles	__ Epilepsy
__Mumps	__Sinus problems	__ Heart Condition
__Rheumatic fever	__Stomach problem	__ Insect Sting
__Whooping cough	__Other	__ Other

*** Details of Above to be completed on reverse side ****

Medications being taken: (Name med and Explain. Use back)

Operations, Bone/Joint Injuries, Special restrictions: (Explain and use back of form)

IMMUNIZATIONS	DATE	BOOSTERS
DPT (4)		
Polio (3)		
Hepatitis B (3)		
MMR (2)		
TD (valid 10 yrs)		

Immunizations or proof of Illness
Varicela or proof of Chicken Pox

Physical Examination: Valid for Two years Only!!!
To Be completed by a licensed Physician Only!!!
Code: NE - Not Examined S – Satisfactory NS – Not Satisfactory

Height	Weight
Glasses	Contacts
Ears	Lungs
Hernia	Eyes
BP	Extremities

Nose	Skeletal
Hearing (R)	Hearing (L)
Abdomen	Skin
Genitals	Cardiac
Throat	Teeth

RESTRICTIONS OR LIMITATION INCLUDING DIET : _____
_____
_____
_____

Date: _____ Examining Physician _____ __
Telephone: (_____) _____ - _____
Print Physicians name _____
State Licensed In _____ License Number _____
Address _____

PLEASE RETURN TO GDHS, 1 PRIOR ROAD, ENFIELD, CT 06082