

ACCJFL HEALTH QUESTIONNAIRE AND MEDICAL LIABILITY RELEASE

PARTICIPANT NAME _____ DATE OF BIRTH _____

GUARDIAN NAME _____ CELL PHONE# _____

ADDRESS _____ CITY _____ ZIP _____

GUARDIAN NAME _____ CELL PHONE# _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT _____ CELL PHONE# _____

FAMILY PHYSICIAN _____ PHONE # _____

INSURANCE CARRIER _____ PHONE # _____

GROUP # _____ PARTICIPANT ID# _____

NON-EMERGENCY HOSPITAL PREFERENCE _____

IN CASE OF EMERGENCY, INJURED PARTY WILL BE TAKEN TO THE NEAREST HOSPITAL

WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR ANY OF THE FOLLOWING?

ALLERGIES	YES NO	EPILEPTIC SEIZURES	YES NO	JOINT INJURY	YES NO
ASTHMA	YES NO	FAINTING SPELLS	YES NO	KNEE INJURY	YES NO
BROKEN BONES	YES NO	HEAD INJURY	YES NO	NECK INJURY	YES NO
CONCUSSION	YES NO	HEART CONDITION	YES NO	SHORTNESS OF BREATH	YES NO
DIABETES	YES NO	HEAT EXHAUSTION	YES NO	WEARS CONTACT LENSES	YES NO
DIZZINESS	YES NO	HERNIA	YES NO	WEARS EYEGLASSES	YES NO

TAKING MEDICATION? ___ YES ___ NO NAME/DOSAGE _____

- I AFFIRM THAT THE ABOVE ANSWERS ARE ACCURATE AND REPRESENT THE OVERALL GENERAL STATE OF MY CHILD'S HEALTH. IN THE EVENT OF INJURY TO MY CHILD, I HEREBY GIVE THE AMBULANCE ASSOCIATION AND ANY LICENSED CARE PROVIDER OR FACILITY PERMISSION TO TREAT MY CHILD, AND DO ALL AND ANYTHING THAT IS MEDICALLY NECESSARY FOR THE TREATMENT OF MY CHILD, INCLUDING TRANSPORTATION TO THE NEAREST HOSPITAL FOR EMERGENCY TREATMENT.
- I UNDERSTAND THAT MY SIGNATURE IS FOR BOTH MEDICAL AND LIABILITY RELEASE. IN THE EVENT OF AN EMERGENCY IN WHICH MY CHILD IS IN NEED OF IMMEDIATE HOSPITALIZATION, MEDICAL ATTENTION, OR SURGERY, AND AFTER REASONABLE EFFORTS HAVE BEEN MADE TO CONTACT ME OR ANOTHER LEGAL GUARDIAN AND WE CANNOT BE LOCATED FOR THE PURPOSE OF CONSENTING THERTO, CONSENT FOR THE EMERGENCY ATTENTION MAY BE GIVEN TO ANY COACH, ADVISOR, OR OTHER MEMBER OF THIS ORGANIZATION. IT IS UNDERSTOOD THAT MY CHILD WILL OBEY ALL REGULATIONS AND FOLLOW INSTRUCTIONS OF THE LEADERS.

- I UNDERSTAND THAT THIS ORGANIZATION'S INSURANCE IS ONLY SECONDARY INSURANCE, AND THAT IF THE PARTICIPANT HAS MEDICAL INSURANCE THAT CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN THIS ORGANIZATION'S ACTIVITIES. BY SIGNING THIS FORM, I AGREE TO ASSUME AND ACCEPT ALL RISK AND HAZARDS INHERENT IN SPORTS ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. I ALSO AGREE THAT I WILL NOT HOLD THE ACCJFL OR ITS EMPLOYEES OR VOLUNTEERS LIABLE FOR DAMAGES, LOSSES, OR INJURIES TO THE PARTICIPANT NAMED ON THIS FORM.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____