SHRINE MAPLE SUGAR BOWL PHYSICIAN MEDICAL RELEASE

(Doctor's section must be completed by Physician)

PLAYER INFORMATION Parents please complete left side	DOCTOR'S INFORMATION Doctor's please complete right side						
Last Name:	Height: Weight:						
First Name: MI:	Vision: Right: Left:						
Date of Birth:/	Wears glasses: YES NO Contacts: YES NO						
Home Address:	Abnormalities of the following:						
City State Zip	Head YES NO						
Phone Number(a)	Eyes YES NO Ears YES NO						
Phone Number(s)	Ears YES NO Nose YES NO						
Mom Home:	Lungs YES NO						
Mom Cell:	Heart YES NO						
Mom Cell:	Abdomen YES NO						
Dad Home:	External genitalia YES NO						
bau nome.	Hernia YES NO						
Dad Cell:	Spine YES NO						
	Knees YES NO						
	Other joints YES NO						
Date of last tetanus shot:/	Skin YES NO						
*If over 10 years please renew							
	Is there any loss or impaired function? YES NO						
Have you ever had or currently have:							
Broken bones YES NO	Physician's Signature:						
Joint Disease YES NO							
Shoulder dislocation YES NO	Physician's Printed Name:						
Knee problems YES NO							
Back problems YES NO	Address:						
Head injury resulting in unconsciousness YES NO							
Convulsions or Blackouts YES NO	City: State: Zip Code:						
Concussion YES NO							
If yes: Date:	Date:						

Hospitalization:		NO	
If yes: Date:			
If yes, explain:			
Have you had any illness or injuries v	vithin the last 2 mo	nths? YES	NO
If yes, explain:			
Parent/Guardian Signature:			
Date:			
Date.			

PLEASE EXPLAIN ALL "YES" ANSWERS