

## CYW Medical History Questionnaire

Please complete the following questionnaire and include all relevant information we may need regarding the wrestler's medical history.

Athlete's Name: \_\_\_\_\_

Date of child's last complete physical examination by a medical doctor: \_\_\_\_\_

Please use the space below to provide your child's (wrestler's) medical history information. This should include any information that you feel is important for the club to be aware of including, but not limited to the following:

- Any previous concussions or head, back or neck injuries
- Any history of seizures, or neurological disorders
- Any history of diabetes, kidney, lung, liver issues
- Any history of blood diseases or disorders
- Any history of vascular issues, heart, lung or blood pressure
- Any history of orthopedic issues, significant broken bones or joint injuries (specifically to the shoulders or knees)
- Any history of significant corrective or emergency surgeries

Date (Month + Year) Description

_____	•
_____	•
_____	•
_____	•
_____	•
_____	•

Does your child have any allergies or asthma? If yes, please specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: If your child suffers from allergies or asthma, please ensure that an epi pen or inhaler are with them for all practices, tournaments and CYW functions.**

Please initial or Sign below as indicated:

All information on this form has been updated and answered completely and truthfully to the best of my knowledge. \_\_\_\_\_ (initial)

I have read and accept the club's policy (below) on disclosure of the medical information herein provided. \_\_\_\_\_ (initial)

I understand that the club may require the written approval of a doctor to be accepted as a member of CYW and to participate in wrestling or other club activities. \_\_\_\_\_ (initial)

I agree to permit the medical professionals on hand at any tournament or club function to provide immediate medical attention to my child if they are injured during club activities. In addition, coaches or board members may provide basic first aid to my child including ice, bandages, etc. in the treatment of minor injuries. \_\_\_\_\_ (initial)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

Please provide contact information for another person who should be contacted and who can consent to medical treatment if an accident occurs and we are unable to reach you:

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Relationship: \_\_\_\_\_

**DISCLOSURE POLICY:** The information provided will not be shared with anyone outside the club's board or coaches unless previously authorized by you or as may be necessary for the wrestler's treatment or care.