

**Colorado Junior Crew  
Medical History and Treatment Permission**

Season : Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**Participant Information:**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade Level \_\_\_\_\_  
Home Address \_\_\_\_\_  
*Street City Zip*  
student cell or personal phone number \_\_\_\_\_

**Emergency Contact Information:**

Father/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ or Same as above \_\_\_\_\_  
*Street City Zip*

Phones: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Mother/Guardian Name**

Address \_\_\_\_\_ or Same as above \_\_\_\_\_  
*Street City Zip*

Phones : Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Other Contact Person**

Name: \_\_\_\_\_

Phones : Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Medical Information:**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

**Medical History:** (Please use back of this sheet if necessary)

**Allergies:** Please list

INSECT \_\_\_\_\_

FOOD \_\_\_\_\_

DRUG \_\_\_\_\_

OTHER \_\_\_\_\_

**Is the participant under the care of a provider for a medical and/or psychological problem?**

Yes No */if yes, please explain:*

**Is the participant taking medication prescribed by a health care provider?** Yes No  
*/f yes, please get additional medication release form from CJC*

**Any past injuries or illnesses that required a hospital visit?**  
Yes No */f yes, please explain:*

**Does your child have any chronic health concerns such as asthma or diabetes that requires Dr. supervision?**

Yes No */f yes, please get additional medical release form from CJC*

**Parental/Guardian Permission:** I give my permission for diagnostic and therapeutic procedures as may be necessary for the above-named participant by any licensed health care facility. I understand that the health care facility will make a reasonable attempt to contact me first, if time and conditions permit. I **agree to be responsible for all charges incurred.**

Name *(Printed)*

Signature:

Date

Relationship to Participant