

**Bonduel Summer Youth League**  
**CHILD HEALTH INFORMATION**

Child's Name \_\_\_\_\_

*It is my understanding if an emergency treatment is required and I cannot be reached, league authorities may assume responsibility of calling an Emergency Rescue Squad, unless I have provided written notice to the contrary to the league president.*

**MEDICAL ALERT INFORMATION:**

**Allergies to:**

Medication(s) \_\_\_\_\_

Food (s) \_\_\_\_\_

Stinging insect(s) \_\_\_\_\_ Is the allergic reaction mild or severe \_\_\_\_\_

Action needed \_\_\_\_\_

**HEALTH CONDITIONS/PLEASE DESCRIBE**

Heart conditions \_\_\_\_\_ Seizure disorder \_\_\_\_\_

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Bleeding disorder \_\_\_\_\_

Hearing impairment \_\_\_\_\_

**PLEASE LIST ANY OTHER HEALTH ISSUES COACHES SHOULD BE AWARE OF:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE ASSURED THAT ALL INFORMATION IS CONFIDENTIAL**

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_

**This form must be filled out and turned in to your child's coach prior to their first practice.**