



LPGA*USGA Girls Golf of San Diego

General Medical Information 2011

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|--|--|--|------------------|-----------------|
| Athlete's Last Name _____ | | First Name _____ | | Grade _____ |
| Address _____ | | | Home Phone _____ | Birthdate _____ |
| City & Zip Code _____ | | | | |
| Emergency Contact _____ | | Relationship _____ | Phone No. _____ | |
| Father's Name _____ Home # (different from above) _____ Work # _____ Ext. _____ Other #'s _____ | | Mother's Name _____ Home # (different from above) _____ Work # _____ Ext. _____ Other #'s _____ | | |

| | |
|------------------------|-----------------|
| Family Physician _____ | Phone No. _____ |
|------------------------|-----------------|

Medical Alerts – please check all that apply.

| | |
|--|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Concussion, Date _____ |
| <input type="checkbox"/> Food/Environmental Allergies | <input type="checkbox"/> Current Medication _____ |
| <input type="checkbox"/> Bee Sting Allergy _____ Epi-pen | <input type="checkbox"/> Most Recent Injury _____ |
| <input type="checkbox"/> Asthma/ Inhaler _____ | <input type="checkbox"/> Eye Wear/Protection _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--|---|
| Insurance Co. _____ | Policy No. _____ |
| Policy Holder Name _____ | Group No. _____ |
| Is this an HMO? Yes <input type="checkbox"/> No <input type="checkbox"/> | Pay for Prescriptions? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Parent's Medical Consent Statement

By my signature and in my absence, I authorize and grant permission to any Hospital, as agents for the undersigned to consent, in advance of any specific diagnosis, to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is rendered under the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The authorization is given pursuant to the provisions of Section 25.8 of the civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s) until the end of the current LUGG golf program/season.

Parent/Guardian Signature: _____ Date: _____