2026 VERMONT NORTH-SOUTH ALL STAR CLASSIC

VT Chapter-National Football Foundation & College Football Hall of Fame, Inc.



- **SIGNATURE AT END OF DOCUMENT REQUIRED ***

◆ PARTICIPANT MEDICAL HISTORY & INFORMATION ◆

NAME OF PLAYER: _____

INSURANCE POLICY: _____ POLICY #: _____

ADDRESS: _____ CITY: _____ STATE: __ ZIP CODE: _____

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DATE OF BIRTH: _____

DATE OF MOST RECENT PHYSICAL: _____

AGE:_____HEIGHT:_____WEIGHT:_____

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PARENT NAME (s): _____

HOME PHONE # (s):_____

WORK PHONE # (s): _____

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ADDITIONAL ADULTS TO CONTACT IN CASE PARENTS ARE NOT AVAILABLE:

NAME: _____ RELATIONSHIP TO PLAYER: _____

HOME PHONE #: _____ WORK PHONE #:_____

NAME: _____ RELATIONSHIP TO PLAYER: _____

HOME PHONE #: _____ WORK PHONE #:_____

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NAME OF PLAYER: _____

If your child has a current or past physical injury or medical condition (including allergic reactions history) about which we should be aware, please use the space below to detail and explain any such injury or condition for our athletic trainer. Please attach any records or other details about which we should be informed. Also, please note any medications that your child must have administered before, during or after a practice or game. Medications must be provided directly to our athletic trainer along with explicit instructions regarding dispensation:

Date of Injury: _____

DESCRIPTION:

CURRENT STATUS of Injury:_____

CONSULTING PHYSICIAN_____

Physicians Contact info_____

Additional Information:

_____ _____ _____

Parent/Guardian Name (Print or Type) Signature of Parent/Guardian Date

SIGNATURE REQUIRED