



# **2023 VERMONT NORTH-SOUTH** **ALL STAR CLASSIC**

*Sponsored by the 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: \_\_\_\_\_

\*\*\*\*\*

DATE OF BIRTH: \_\_\_\_\_

DATE OF MOST RECENT PHYSICAL: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

\*\*\*\*\*

PARENT NAME (s): \_\_\_\_\_

HOME PHONE # (s): \_\_\_\_\_

WORK PHONE # (s): \_\_\_\_\_

\*\*\*\*\*

***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**