



Paramount Sports Complex  
21 Landings Drive  
Annville, PA 17003

(717) 838-0330  
www.paramountsportscomplex.com

### MEDICAL INFORMATION CARD

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Explain any "YES" answers**

- 1) Have you had any illness or injury since your last physical? YES \_\_\_ NO \_\_\_
- 2) Have you had any surgery? YES \_\_\_ NO \_\_\_
- 3) Are you currently taking any prescription or non-prescription medications? YES \_\_\_ NO \_\_\_
- 4) Do you have any allergies? (Food, Medications, Insect Stings, etc.) YES \_\_\_ NO \_\_\_
- 5) Do you have asthma? YES \_\_\_ NO \_\_\_
- 6) Do you have heart disease? YES \_\_\_ NO \_\_\_
- 7) Do you have headaches? YES \_\_\_ NO \_\_\_
- 8) Do you have seasonal allergies? YES \_\_\_ NO \_\_\_
- 9) Do you wear glasses or contacts? YES \_\_\_ NO \_\_\_
- 10) Do you have Diabetes? YES \_\_\_ NO \_\_\_
- 11) Have you had previous fractured bones or dislocated joints? YES \_\_\_ NO \_\_\_

**Record the dates of your most recent immunizations**

Tetanus \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_

**Signature Required**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give permission for emergency medical treatment of my child if I cannot first be contacted.

Signature Required — Participant or Parent / Guardian \_\_\_\_\_

**Please list and describe any other medical concern(s) that we should be aware of:** \_\_\_\_\_



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**Warning of Risk to Participant & Insurance**

Paramount Sports Complex, Inc. is not responsible for providing medical accident injury insurance on students. Parents must provide adequate accident and medical insurance for the child enrolled in classes at Paramount Sports Complex. Paramount Sports Complex, Inc. shall not be held responsible for treatment or losses due to participation in activities before, during or after classes or due to activity connected to the complex.

Please be advised that any activity involving motion or height creates the possibility of accidental injury. Parents and participants should be aware that injury is possible in connection with this or any athletic activity.

Parents assume all responsibility for any injury and all medical costs due to participation in any activity at Paramount Sports Complex.

I have read the above policy and both understand and accept it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date