



GOLF PERFORMANCE

ADVANCED TECHNOLOGY INSTRUCTION

Health Form

Student: _____ Physicians Name: _____

Address _____ Phone Number: _____

_____ Physicians Address: _____

Phone _____ Date of last Tetnus Immunization: _____

Explain "Yes" answers below

	Yes	No
1. Overnight Hospitalizations, operations or surgery? Dates		
2. Are presently taking any medication or pills?		
4. Have you ever passed out during or after exercise?		
Have you ever been dizzy during or after exercise?		
Do you tire more quickly than your friends during exercise?		
Have you ever had high blood pressure?		
Have you ever been told that you have a heart murmur?		
Have you ever had racing of your heart or skipped heartbeats?		
Anyone under 50 yrs old in the family die of heart problems?		
5. Do you have any skin problems?		
6. Have you ever had a head injury?		
Have you ever been knocked out or unconscious?		
Have you ever had a seizure?		
Have you ever had a stinger, burn or pinched nerve?		
7. Have you ever had heat or muscle cramps?		
Have you ever been dizzy or passed out in the heat?		
8. Do you have trouble breathing or do you cough during or after activity?		
9. Do you use any special equipment (pads, braces, mouth guard, etc)?		
10. Have you had any problems with your eyes or vision?		
Do you wear glasses or contacts or protective eye or vision?		
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?		

Explain "Yes" answers to Questions 1-11 above: _____

Signature indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____



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Athletic Medical Emergency Authorization Form

Childs Name: _____ Date: _____

Father's Name: _____ Mothers Name: _____

Father's Wk Phone: _____ Mothers Wk Phone: _____

Fathers Cell: _____ Mothers Cell: _____

Emergency Contact: _____ Emergency Phone: _____

Allergies: _____ Drug Allergies _____

Regular Medication: _____ Chronic Illness: _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

Date Injury Location on Body Comment

Other past medical conditions that the Instructor should be aware of are: (add any comments on students' physical condition deemed important):

Choice of Physician to be called in case of an emergency:

1. Name _____ Phone _____

Choice of Hospital to be used: _____

Health Insurance Co. _____ Policy # _____

As parent or legal guardian, I authorize the Instructor, Instructors' Assistant, or the Course Manager to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical beforehand).

Sign: _____ Date: _____

In case of emergency, this vital medical information represents your child in your absence.