

NATIONAL YOUTH SPORTS PROGRAM

**MOREHOUSE COLLEGE
ATLANTA, GEORGIA**

MEDICAL HISTORY

Child's Name

Age

List any serious diseases in the child's immediate family.

1. _____
2. _____
3. _____

Additional Comments

Identify any physical activity limitations.

1. _____
2. _____
3. _____

Additional Comments

List any previous hospitalizations or operations.

1. _____
2. _____
3. _____

List any drug(s) that your child might be allergic to.

1. _____
2. _____
3. _____

Required signature of Parent(s)/Guardian(s)

Date