



**West Perry Midget Football Association
Child Health Report**

Child's Name: Last	First	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Emergency Contact:	Work Phone:	
I hereby give my consent for WPMFA staff to use their judgment in securing medical aid and ambulance service in my absence.		I authorize WPMFA and my child's health professional to communicate directly if needed to clarify information on this form about my child:
Parent's Signature		Preferred Hospital:

Below to be completed by Medical Care Provider

Health History and Medical Information Pertinent to Routine Child Care and Diagnosis/Treatment in Emergency (Describe if Any): None		
Describe All Medication and Any Special Diet the Child Receives and the Reason for Medication and Special Diet. All Medications a Child Receives Should Be Documented in the Event the Child Requires Emergency Medical Care: None		
Child's Allergies (Describe if Any): None	Date of last Tetanus Shot:	Weight:
List Any Health Problems and/or Special Needs: None		
In Your Assessment is this Child able to Participate in Sporting Events: Yes No If No, Please Explain:		
Medical Care Provider:		
Address:		
Phone:		