



Capri Isles Junior Golf Program
 Summer 2017
Health Information Form

Childs Name _____ Age _____

| <u>Medical History</u> | <u>Yes</u> | <u>No</u> | <u>Explanation</u> |
|------------------------|------------|-----------|--------------------|
| Heart Condition | ___ | ___ | _____ |
| Asthma | ___ | ___ | _____ |
| Epilepsy | ___ | ___ | _____ |
| Diabetes | ___ | ___ | _____ |
| Allergies | ___ | ___ | _____ |
| Other Medication | ___ | ___ | _____ |

Has your child's physical activity been restricted in the past year or have they had any injuries or operations? _____

Additional Comments: _____

My child is in excellent physical condition unless otherwise explained above. Activities or participation should not be limited because of a physical ailment. I assume full responsibility for my child's physical condition and you should proceed with my child in all activities with full confidence in my statement. If my child's physical condition should change between now and the time the program begins, I will notify you. If any emergency arises involving my child, I give you permission and the authority to take such steps as are necessary, in your good judgment, to protect and assist my child. I ask that you proceed in the way you would if your own child were involved. I agree that I will pay any hospital expenses, doctor bills, and any other expenses that may be incurred as a result of the treatment given my child. I make these statements in consideration of your allowing my child to be in the junior program and to take part in all activities.

Signature of Parent/Guardian _____ Date: _____