



Leisure Hour Junior Golf Program

LHJGP

ATHLETE MEDICAL INFORMATION FORM 2019

Name of Junior Golfer _____ Date of Birth _____

Address _____ City, State _____ Zip _____

Parent of Guardian _____

Phone Number – work (____) _____ home (____) _____

Family Doctor _____ Phone _____

Address _____ City, State _____ Zip _____

Insurance Yes ____ No ____ If Yes, Name of Company _____

(Or Include Copy of Medical Card Front and Back)

Group Number _____ Identification Number _____

Does Junior Golfer have special medical problems? Yes ____ No ____

If yes, please explain _____

Is Junior Golfer taking any medication? Yes ____ No ____

If yes, please specify _____

Does athlete take any medication that requires adult supervision? Yes ____ No ____
(If yes, please attach a letter from his/her doctor with clear instructions.)

Is Junior Golfer allergic to any drugs? Yes ____ No ____

If yes, please specify _____

If yes, does Junior Golfer have an insect bite kit for emergencies? Yes ____ No ____

When did Junior Golfer receive last tetanus shot? _____