

# East Lyme Youth Football

## PARENT/PHYSICIAN STATEMENT & MEDICAL RELEASE – 2017 SEASON

Player/Cheerleader Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### PARENT/GUARDIAN STATEMENT

To Whom It May Concern:

I grant permission for my child to receive emergency treatment whenever necessary while attending any function, with any team/squad of the Southern New England Youth Football Conference and/or its member town, the \_\_\_\_\_ Youth Football Program.

Please Check all that Apply:

Ever been Hospitalized Operated on?		Have any Known allergies?	
Ever had bone or joint problems, fractures or weak joint?		Ever had blood pressure or other long term illnesses?	
Take any medications regularly?		Ever had hernia, rupture or head injury?	

#### Please print:

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Phone #'s: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town/Zip: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance (Name)/Policy # \_\_\_\_\_

### PHYSICIAN'S STATEMENT

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Date Actual Examination Performed  
**(REQUIRED)**

This child is fit to participate in youth football/cheerleading activities. Remarks: \_\_\_\_\_

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician (REQUIRED)

I am fully aware of the results of this physical examination and to the best of my knowledge the findings of the examining physician are correct.

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (REQUIRED)

I am fully aware of the results of this physical examination and to the best of my knowledge the findings of the examining physician are correct.

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Signature of League President/Head Coach (REQUIRED)