



MONTVILLE YOUTH FOOTBALL & CHEER



PARENT STATEMENT AND MEDICAL RELEASE

Player/Cheerleader Full Name: _____ DOB: _____

I grant permission for my child to receive emergency medical treatment whenever necessary while attending any function, with any team/squad of the Montville Youth Football & Cheer Program. Please check all that apply and provide details.

___ 1 Been Hospitalized _____

___ 2 Bone/Joint Problems/ Term Fractures _____

___ 3 Take Medication Regularly _____

___ 4 Have known allergies _____

___ 5 Blood Pressure/ Long Illness _____

___ 6 Hernia / Rupture / Head Injury _____

Parent/Guardian Name: _____ Parent Phone #'s _____

Child's Address: _____ City/Town/Zip _____

Child's Physician: _____ Physician Phone # _____

Insurance Carrier: _____ ID # _____

PHYSICIAN'S STATEMENT

Height: _____ Weight: _____ Age: _____ Date Actual Exam Performed _____

This child is fit to participate in youth football/ cheerleading activities.

Physician Signature (Req'd) _____ Date Signed _____



PARENTAL SIGNATURE

Parent/Guardian Signature (Req'd) _____ Date Signed _____

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.