

MEDICAL RELEASE FORM
(TO BE COMPLETED BY PARENT)

PARTICIPANT'S NAME _____

I CERTIFY THAT THE ABOVE NAMED IS PHYSICALLY CAPABLE & ABLE TO FULFILL REQUIREMENTS OF FOOTBALL OR CHEERLEADING/DANCE. I UNDERSTAND THAT THIS FORM LEGALLY RELEASES ALL OBLIGATIONS & RESPONSIBILITIES FOR THE MEDICAL TREATMENT OF ABOVE NAMED IN THE EVENT OF ILLNESS OR INJURY DURING ANY SQUAD RELATED ACTIVITY WHEN EITHER PARENT CANNOT BE REACHED. IF THERE IS ANY PHYSICAL OR MEDICAL REASON WHY PARTICIPANT SHALL NOT PARTICIPATE FULLY, A DOCTOR'S RELEASE MUST BE FURNISHED.

MEDICAL TREATMENT PERMISSION FORM

IN THE EVENT OF AN EMERGENCY WHILE MY CHILD IS INVOLVED IN A TEAM SPONSORED ACTIVITY, I GRANT MY PERMISSION TO THE POP WARNER OFFICIALS TO TAKE WHATEVER ACTION IS NECESSARY. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE A POP WARNER OFFICIAL TO GIVE MY CONSENT FOR MY CHILD, _____, TO RECEIVE MEDICAL TREATMENT.

FATHER _____ CELL# _____
HOME# _____ WORK# _____
ADDRESS _____

MOTHER _____ CELL# _____
HOME# _____ WORK# _____
ADDRESS _____

PERSON TO BE NOTIFIED IN EMERGENCY, OTHER THAN PARENT
NAME _____ PHONE _____
FAMILY DOCTOR _____ PHONE _____

IF YOU DO NOT GRANT PERMISSION FOR CONSENT TO TREATMENT WHAT PROCEDURE SHOULD BE FOLLOWED? _____

INSURANCE COMPANY _____ POLICY # _____

MEDICAL INFORMATION (CIRCLE)

| | | | | | |
|----------------------------|-----|----|-------------|-----|----|
| HEART CONDITION OR DISEASE | YES | NO | ASTHMA | YES | NO |
| MEDICATION ALLERGY | YES | NO | DIABETES | YES | NO |
| INSECT STING ALLERGIES | YES | NO | CONVULSIONS | YES | NO |

STATE ALLERGIES _____

DATE OF LAST TETANUS SHOT _____

ADDITIONAL MEDICAL INFORMATION THAT MAY BE HELPFUL _____

ANY MEDICATIONS CURRENTLY RECEIVING _____

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____