

Niagara Falls Jr. Football Club

Medical Release Form

SPORTS MEDICAL RELEASE
for _____

Name: _____

Address: _____

Phone numbers

Home: _____ Work: _____ Cellular: _____

Date of Birth: _____ Birthplace: _____ Sex: _____

DATE OF PHYSICAL EXAM: _____

Doctor's Name	Phone Number	Address
1. _____	_____	_____
_____	_____	_____
_____	_____	_____

Current Medications	Medication Allergies
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

OTHER RESTRICTIONS THAT WOULD APPLY IN A CONTACT SPORT:

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

The above child is in good physical condition to participate in a full contact sport.

Physician signature and date