



# MEDICAL RELEASE FOR FLAG FOOTBALL

HILHI YOUTH FOOTBALL ASSOCIATION

This form is the only one that will be accepted by the HYFA. This form must be turned in BEFORE the player can receive any equipment/uniform or participate in practice. A fax or copy of the original will be accepted.

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

**Medicines, Medical Conditions and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking and any Medical Conditions.

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines

Pollens

Foods

Stinging Insects

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in FLAG FOOTBALL. A copy of the physical exam is on record in my office and can be made available to the association at the request of the parents. I acknowledge that this Medical Release is good for two years from the date signed.

Name of provider (print/type): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

I understand all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by the Hilhi Youth Football Association. Medical Release is good for two years from the date above. Please maintain a copy of this form for your records.

Name of Parent/Guardian (print/type): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_