

MIFFLIN

BRONCOS YOUTH FOOTBALL AND CHEER

MEDICAL CONSENT FORM

NOTE: THIS FORM WILL NOT BE ACCEPTED IF INCOMPLETE

Participant Name _____ Participant Age _____

Address _____

City _____ Zip _____ Email _____

Parent/Guardian Name _____ Phone _____

Alternate Contact _____ Phone _____

Relationship to Participant _____

Insurance Carrier _____ Plan # _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

In the event of accidental injury sustained by _____

Participant Name

I hereby, give my consent for an officer or coach of the Mifflin Bronco Athletic Association to seek medical attention for my child in my absence. I also give my consent for any trained, medical professional to administer the proper first aid necessary, without legal ramifications to the caregiver and/or officer, coach or staff of the Mifflin Bronco Athletic Association. I understand that any fees associated with the injury, including but not limited to, ambulance fees, medical fees are the responsibility of the parent/guardian of the participant.

Date _____

Signature of Parent/Guardian _____

Football / Cheer: Flag (K-1st) Mighty Mite (2nd-3rd) Mite (4th-5th) Midget (6th-7th)

'23 -'24 Grade: _____ Siblings in Broncos: _____

Any info/diagnosis to share with the participant's coach: _____

***** Complete for Tackle Football Players and ALL Cheerleaders *****

Physicians: please fill out this section

Known Allergies YES NO DETAILS _____

Required Medications YES NO DETAILS _____

Restrictions YES NO DETAILS _____

I _____ have personally examined the above listed participant and have found the participant to be physically fit to participate in the Mifflin Bronco Athletic Association Football/Cheerleading Program.

Date _____

Signature of Physician _____

EMAIL TO: GovernorMifflinBroncos@gmail.com