

AVON GROVE WILDCATS

Medical Clearance Form

Player Name: _____ Age: _____ Date: _____

Health History (to be completed by parent or guardian)

Medical Questions For Parents	YES	NO	Additional Comments
Dizziness / fainting / chest pain with exercise?			
Cardiovascular / heart murmur / heart condition?			
High blood pressure?			
Bone or joint injury (especially back or hips)?			
Serious head or spine trauma / repeated concussions / surgery on head or back?			
Detached retina?			
Uncontrolled asthma?			
Uncontrolled seizures?			
Loss or serious impairment of a paired organ (kidney, eye, lung, testes)			
Known liver / spleen / kidney enlargement / mononucleosis / hepatitis?			

Medicines: _____

Allergies: _____

Parent / Guardian Name: _____ Parent / Guardian Signature: _____

 I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of _____ and am qualified in determining that:

(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, or athletic activities.

I am therefore clearing this individual for athletic participation. Please print or use office stamp.

<p><i>Signature:</i> _____</p> <p><i>Date:</i> / /</p> <p>_____</p>	<p style="text-align: center;">Print Name Clearly:</p> <p>_____</p> <p style="text-align: center;">Office Address:</p> <p>_____</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her State Licensed Medical Examiner to resume participation. This statement must be supplied by the physician attending to the injury, accident, or illness.