

CHARTIERS VALLEY JUNIOR COLTS FOOTBALL 2008

MEDICAL CLEARANCE FORM

This examination does not constitute a complete medical examination. It does, on this date, based upon my observations, meet the requirements for the child to participate in all related tackle football activities. **This form must be returned to CVJCF on or before July 28, 2008 (our first night of practice). Your child CANNOT participate in any tackle-football related activities until this form is completed and returned.**

To be completed by physician:

Child's Name: _____ Birthdate: _____

Known allergies or limitations: _____

Is this child capable of participating in tackle football activities?

Please list any medical or physical limitations the child may have or any history of medical or physical problems that may surface during tackle football activities so that the coaches are aware and prepared ahead of time and explain. This includes, but is not limited to: behavioral problems controlled by medication, asthma, severe allergies, previous breaks or injuries that may have left a part of the body weaker, limitations that may not allow for body contact, heart conditions or other, etc: _____

Please list any medications the child takes on a regular basis and any side affects that child has experienced that also may occur during tackle football activities: _____

Remarks: _____

DR's Signature: _____ Date: _____ Phone: _____