



Medical Clearance Form

(Must be signed by child's doctor)

Medical Clearance Form – Must be dated after January 1st of the current season

I, hereby my signature below, do certify that I am licensed by the State and am qualified:

In determining that: (Child's Name:) _____,

Is physically fit, and I have found no medical or observable conditions which would contra-indicate him/her from participating in tackle football, cheer or athletic activities. I am therefore clearing this individual for athletic participation.

_____ Signature:
_____ Date: (must be dated after January 1 ST of the current season)

Please print-or-use office stamp here: _____ Print Name Clearly:
_____ Office Address

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 team officials. It will also be the responsibility of the Parent/Legal Guardian to obtain WRITTEN clearance as long as it is on the medical practitioner's official stationary and includes the following statement:

“(Participant's Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in tackle football, cheer or athletic activities. I am therefore clearing this individual for athletic participation.”

The physician attending to the injury, accident, or illness must supply this statement.