

CENTRAL VALLEY YOUTH FOOTBALL AND CHEER MEDICAL FORM

Participant Name:	BIRTH DATE:
UNDERSTAND THAT THERE IS AN INHERENT RISTHIS INJURY MAY LEAD TO PERMANENT DISABI EXAMINATIONS DIAGNOSTIC PROCEDURES, TREAT	RISK AND CONSENT FOR TREATMENT K OF INJURY WITH MY PARTICIPATION IN CONTACT SPORTS, AND THAT LITY OR DEATH. IN THE EVENT OF ROUTINE OF EMERGENCY HEALTH MENT OF ILLNESS, AND/OR INJURIES, PERMISSION IS HEREBY GRANTED E MEDICAL STAFF, PHYSICIANS ASSOCIATED WITH OTHER COMMUNITY
SIGNATURE OF PARENT / GUARDIAN:	
PRINT NAME OF PARENT / GUARDIAN:	DATE:
EMERGENCY CONTACT #: ()	
	L INSURANCE INFORMATION TH INSURANCE COVERAGE. IF COVERED, THE INFORMATION INDICATED POLICIES.
I AM NOT COVERED BY A HEALTH/ACCIDEN I AM COVERED BY MY OWN HEALTH/ACCIDE I AM COVERED BY MY PARENT'S HEALTH/A	ENT INSURANCE POLICY.
HEALTH INSURANCE COMPANY NAME & ADDRESS	5:
GROUP #:	Policy #:
<u> </u>	PHYSICIAN CONSENT
HEIGHT: WEIGHT:	BLOOD PRESSURE:
ALLERGIES:	
MEDICATION STUDENT-ATHLETE IS TAKING:	
PREVIOUS MEDICAL CONDITIONS:	
STUDENT-ATHLETE CLEARED FOR ALL FULL (STUDENT-ATHLETE RESTRICTED FROM PHYSI CLEARANCE (IF ANY):	ICAL ACTIVITIES, REASON AND/OR CONDITIONS FOR
CONDITIONS FOR CLEARANCE (IF ANY):	
DATE:	DOCTOR'S ADDRESS STAMP
SIGNATURE OF DOCTOR	