



BLUE JAY FOOTBALL ASSOCIATION INC.
Parental Consent and Medical Information Form

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the coaching staff to attend to my child.

PLEASE PRINT

Athlete's Name: _____

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

Does your child have any known medical conditions? Yes _____ No _____

If Yes, What? _____

(If yes a medical release may be required)

List any known allergies or allergic reactions: _____

Hospital Choice: _____

Child's Physician: _____

My son/daughter has no physical limitations which would restrict sports involvement. I will notify the Blue Jay organization of any conditions that are pertinent or may arise during the season. I realize that there are risks of being injured that are inherent in all sports.

Parent's Signature

Date