

AMERICAN YOUTH FOOTBALL

Medical Clearance Form



ASSOCIATION NAME - _____

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: (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, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature: _____</p> <p>Date: ____ / ____ / ____</p> <p><i>(Must be dated after January 1st, of the Current Season)</i></p>	<p style="text-align: center;">Please Print - or - Use Office Stamp Here:</p> <p>Print Name Clearly: _____</p> <p>Office Address: _____</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 physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants 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, dance, step or athletic activities. I am therefore clearing this individual for athletic participation".

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

Has athlete had the following: Explain "YES" answers.

1. Injuries to head, neck, bones or joints YES NO _____
2. Any other injuries requiring medical attention YES NO _____
3. Seizures, blackouts or any episode of unconsciousness YES NO _____
4. Heart trouble, heart murmur, high blood pressure YES NO _____
5. Any serious infectious disease YES NO _____
6. Hospitalization or operations in the past YES NO _____
7. Stomach, intestinal, or urinary tract problems YES NO _____
8. Is athlete currently under care of a doctor YES NO _____
9. Is athlete taking any medication on a regular basis YES NO _____
10. Any dental problems YES NO _____

Parent or Legal Guardian Signature _____ **Date** _____