

CENTRAL VALLEY YOUTH FOOTBALL AND CHEER MEDICAL FORM

Participant Name:	BIRTH DATE:
I UNDERSTAND THAT THERE IS AN INHERENT RISK THIS INJURY MAY LEAD TO PERMANENT DISABILI EXAMINATIONS DIAGNOSTIC PROCEDURES, TREATM	ISK AND CONSENT FOR TREATMENT K OF INJURY WITH MY PARTICIPATION IN CONTACT SPORTS, AND THAT ITY OR DEATH. IN THE EVENT OF ROUTINE OF EMERGENCY HEALTH MENT OF ILLNESS, AND/OR INJURIES, PERMISSION IS HEREBY GRANTED MEDICAL STAFF, PHYSICIANS ASSOCIATED WITH OTHER COMMUNITY
SIGNATURE OF PARENT / GUARDIAN:	
PRINT NAME OF PARENT / GUARDIAN:	DATE:
EMERGENCY CONTACT #: ()	
	INSURANCE INFORMATION THINSURANCE COVERAGE. IF COVERED, THE INFORMATION INDICATED OLICIES.
I AM NOT COVERED BY A HEALTH/ACCIDENT I AM COVERED BY MY OWN HEALTH/ACCIDE I AM COVERED BY MY PARENT'S HEALTH/AC	NT INSURANCE POLICY.
HEALTH INSURANCE COMPANY NAME & ADDRESS:	:
GROUP #:	Policy #:
<u>P</u> 1	HYSICIAN CONSENT
HEIGHT: WEIGHT:	BLOOD PRESSURE:
Allergies:	
MEDICATION STUDENT-ATHLETE IS TAKING:	
Previous Medical Conditions:	
STUDENT-ATHLETE CLEARED FOR ALL FULL CO STUDENT-ATHLETE RESTRICTED FROM PHYSIC CLEARANCE (IF ANY):	CAL ACTIVITIES, REASON AND/OR CONDITIONS FOR
CONDITIONS FOR CLEARANCE (IF ANY):	
DATE:	DOCTOR'S ADDRESS STAMP
SIGNATURE OF DOCTOR	