

**ORANGE COUNTY YOUTH FOOTBALL & CHEERLEADING 2017**

**Medical Information Form**

All football players and cheerleaders need a note or this form filled out from their own doctor to participate in the program.

**ORANGE COUNTY YOUTH FOOTBALL & CHEERLEADING LEAGUE RULE:**

**No child** will be allowed to practice **without this form completed or a note from a doctor** giving your child permission to practice football or cheerleading.

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**\*\*PLEASE LIST ANY ADDITIONAL ALLERGIES OR PHYSICAL CONCERNS THAT WE NEED TO KNOW ON THE BOTTOM OF THIS FORM**

**FOOTBALL/CHEERLEADER INFORMATION**

**Player Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

**Name of Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Physical or emotional concerns:** \_\_\_\_\_

\_\_\_\_\_

**This child is in good health and may participate in football / cheerleading for the 2017 season.**

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Stamp:**

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