New Hampshire Youth Football & Spirit Conference

Medical Release Form

THIS FORM MUST BE COMPLETED AND SIGNED AFTER JANUARY 1ST OF CURRENT YEAR

Name: _____ Age: _____
FIRST M.I. LAST

Address: _____
STREET CITY STATE ZIP

Telephone: _____ Sport (Circle One): FOOTBALL CHEER

Does your child have any condition that may prevent participation in strenuous exercise for 6 - 10 hrs a week through the duration of the season? (Circle One) Y N
If yes, describe the condition(s)?_____

Is your child taking any medication? (Circle One) Y N
If Yes, Describe:_____

Does your child have asthma, or any other respiratory condition? (Circle One) Y N
If Yes, is your child using an inhaler? Y N Frequency Of Use:_____

Does your child have any speech, hearing or sight impairment which might have an affect on their participation in the program? (Circle One) Y N
If Yes, describe:_____

Does your child wear glasses or contacts during practice and game situations? (Circle One) Y N

Does your child have any allergies? (Circle One) Y N If Yes, what are they?_____

Has your child ever been told not to participate in any sport for medical reasons? (Circle One) Y N
If Yes, describe:_____

Parent/Guardian Signature:_____ Date:_____

PHYSICAL RELEASE SECTION

All Lines In This Section Are Mandatory And Must Be Completed By The Doctor's Office

Date Of Child's Last Physical: _____

I state that the child named on this form is physically fit, and there are no observable conditions which would contraindicate his/her playing football/cheerleading.

Physician's Signature: _____ **Date:** _____

Please Use Office Stamp, Or Print Address On the Lines Provided Below:

Physician's Office Address: _____
Street City State Zip

Physician Telephone No.: _____