



NORCHESTER RED KNIGHTS
Football Association
Medical Information & Release Form

This Side To Be Completed
by Parent

TEAM _____

Athletes Name _____

D.O.B. _____

Parent/Guardian _____

Address _____

Day Phone _____ Evening Phone _____

Other authorized person to contact in event of Emergency:

Name _____

Phone # _____

Relationship to Athlete _____

Insurance Carrier _____

Policy# _____

Family Doctor _____

Address _____

_____ Phone # _____

Permission is also granted to the Norchester Organization to administer medical treatment to my child and, if needed, transport to an emergency facility. Norchester first aide personnel reserve the right to determine if any injury/illness which could affect the child's safety may require additional medical intervention and clearance before allowing child to return to active participation. Listed below are any allergies and/or special medical knowledge of which the league should be aware. Norchester first aide personnel will not be held liable for any decisions and treatments administered at any time.

Medical information to be supplied by parents:

- Allergies (list below)
- Asthma
- Contacts
- Medications
- Other

- Check here if team physical is requested.

One parent must be present at time of physical when team physician completes physical at the field. Thank you .

Parent/Guardian Signature

Date: _____



Name: _____
 Team: _____

**TO BE COMPLETED
 BY PHYSICIAN**

NORCHESTER RED KNIGHTS
 Football Association
 Medical Information & Release Form

Significant Medical Conditions:

	Yes	No	If Yes, Explain
Allergies.....	<input type="radio"/>	<input type="radio"/>	_____
Asthma.....	<input type="radio"/>	<input type="radio"/>	_____
Cardiac.....	<input type="radio"/>	<input type="radio"/>	_____
Chemical Dependency.....	<input type="radio"/>	<input type="radio"/>	_____
Drugs.....	<input type="radio"/>	<input type="radio"/>	_____
Alcohol	<input type="radio"/>	<input type="radio"/>	_____
Diabetes Mellitus.....	<input type="radio"/>	<input type="radio"/>	_____
Gastrointestinal Disorder..	<input type="radio"/>	<input type="radio"/>	_____
Hearing Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Hypertension.....	<input type="radio"/>	<input type="radio"/>	_____
Neuromuscular Disorder...	<input type="radio"/>	<input type="radio"/>	_____
Orthopedic Condition	<input type="radio"/>	<input type="radio"/>	_____
Respiratory Illness.....	<input type="radio"/>	<input type="radio"/>	_____
Seizure Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Skin Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Vision Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Other (Specify)	<input type="radio"/>	<input type="radio"/>	_____

List any major injuries (fractures, concussions)/illnesses during the past year: _____

List any recurring injuries/illnesses/ health problems: _____

List any allergic reactions, prescribed medication use, or medical problems: _____

Current Weight _____

Acceptable Weight Range _____

Current Blood Pressure _____

Last Date of Tetanus or Booster _____

PHYSICIAN'S CERTIFICATE

In accordance with the purpose and spirit of the Bert Bell League Article VIII, Section C, I have examined the general physical condition of the above mentioned person, a member of the Norchester Red Knights, and find the said person to be physically fit to participate in the athletic contests with team members in the sport of football during the sport season as indicated by the date of the examination and by my signature.

PHYSICIAN'S SIGNATURE

DATE

