



## Fondy Junior Football League

### Parental Consent, Certification & Medical Authorization

Parents and/or legal guardians of minor children are asked to complete this form. The information requested is designed to assist in providing for the safety of minors participating in the Fondy Junior Football League. Please fill out both sides.

**PLEASE PRINT**

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ CellPhone #2 \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

### Consent & Information

I, the undersigned, being the parent or legal guardian of the minor named above (the child), do hereby consent to the participation of the child in the Fondy Junior Football League.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian's Name Printed \_\_\_\_\_

### MEDICAL QUESTIONNAIRE

•Is your child presently being treated for an injury, sickness, or taking any form of medication for any reason? **YES or NO**

If yes, explain \_\_\_\_\_

•Is your child allergic to any type of medication? **YES or NO** If yes, explain \_\_\_\_\_



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PLEASE PRINT \_\_\_\_\_

PLEASE PRINT \_\_\_\_\_

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PLEASE PRINT \_\_\_\_\_

• Does your child have (or has ever had) any of the following? (circle and explain below)

ASTHMA    DIABETES    HAY FEVER    HEART MURMUR    KIDNEY DISEASE    SEIZURE DISORDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Does your child have any allergies other than medical? (Bee stings, peanuts, milk etc) **YES or NO**

If yes, explain \_\_\_\_\_

\_\_\_\_\_

• Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous physical activity? **YES or NO**

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL EMERGENCY AUTHORIZATION

I (Parent or Legal Guardian) understand that I will be notified in case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand the Fondy Junior Football League will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the Fondy Junior Football League of any health changes which would restrict my child's participation in this league. I also understand that the adult supervisors reserve the right to restrict my child from this league if they do not feel my child is within the physical capabilities. **A photocopy of this document has the same force and effect as the original.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Name of Insured \_\_\_\_\_

Sample