



Fondy Junior Football League

PLEASE PRINT

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• 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 _____

Sample

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 _____