



Orange County Youth Football League, Inc.

## 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.

**\*\*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 2025 season.

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

Physician Stamp: