

LEE FRANCONIA FOOTBALL LEAGUE (LFFL)

AUTHORIZED PICK UP & MEDICAL HISTORY FORM

ATHLETE'S NAME _____

LAST

FIRST

DOB month _____ day _____ year _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

AUTHORIZED PICK UP (complete this section OR check the highlighted area)

In addition to the parent/guardian signature on the back of this form, the following persons are authorized to pick up _____ from practice, football games, community activities, special events or fundraisers.

Athlete's Name

Persons authorized for pick up may, or may not be, the same persons listed below as Medical Emergency Contacts.

Name _____ Relationship to athlete _____

Name _____ Relationship to athlete _____

Name _____ Relationship to athlete _____

Name _____ Relationship to athlete _____

[] Please Check Here if NO ONE ELSE besides the parent/guardian signature on the back is authorized for pick up

MEDICAL HISTORY

Date of last Tetanus booster: ____/____/____

ALLERGY _____ TRIGGER/HOW TREATED _____

ALLERGY _____ TRIGGER/HOW TREATED _____

ALLERGY _____ TRIGGER/HOW TREATED _____

Other medical conditions that might affect the athlete during practices/games:

Medicines currently being taken 1) _____ 2) _____

