

Fairfield Youth Football

Tackle, Flag & Cheer

Medical Form & Doctor Certification

Player's Name _____

School (Fall 2018) _____ Grade (Fall 2018) _____

Date of Birth _____ Weight _____

I HAVE EXAMINED _____ AND FIND HIM/HER
PHYSICALLY FIT TO PARTICIPATE IN TACKLE OR FLAG FOOTBALL
ACTIVITIES. ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____ PRINT
OR STAMP

MEDICAL INFORMATION (to be completed by parent)

Allergies Yes ___ No ___ if yes, what _____

Medication _____ Chronic

Conditions Yes _____ No _____ if yes, what

Important: This form must be signed by a physician after
11/1/17 and turned in to your coach on the first day of
practice. Players will not be permitted to practice without
submitting this form. DO NOT MAIL