

# Medical Information

Child's Name: \_\_\_\_\_

Child's Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

## Parent/Guardian Medical Wavier

I, the Parent/Guardian of the above-named child, hereby give my approval to participate in any and all Football/Cheerleading activities. I certify that to the best of my knowledge he/she is physically fit to participate in Football/Cheerleading. I have identified all medical problems that the Milford Mustang Junior Football and Cheer Program should be aware of and have provided special instructions in the medical information section. I further certify that **I do** have insurance coverage for this boy/girl for medical expenses incurred as a result of any injury received from football/cheerleading with the Milford Mustang Junior Football and Cheer Program.

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## First Aid Release and Emergency Medical Release

( ) I grant OR ( ) I do not grant

Permission to render on the spot first aid to my child in the event of injury and to seek further medical treatment if needed.

( ) I grant OR ( ) I do not grant

Permission to have the Milford Mustang Junior Football and Cheer Program Contact local paramedics to examine, provide emergency care, and possibly transport my child to the local hospital in the event that the Milford Mustang Junior Football and Cheer Program feel "on the spot" first aid is insufficient.

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_