

# MIFFLIN

## BRONCOS YOUTH FOOTBALL AND CHEER

### 2017 MEDICAL CONSENT FORM

**NOTE: THIS FORM WILL NOT BE ACCEPTED IF INCOMPLETE**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Plan # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

In the event of accidental injury sustained by \_\_\_\_\_

Participant Name

I hereby, give my consent for an officer or coach of the Mifflin Bronco Athletic Association to seek medical attention for my child in my absence. I also give my consent for any trained, medical professional to administer the proper first aid necessary, without legal ramifications to the caregiver and/or officer, coach or staff of the Mifflin Bronco Athletic Association. I understand that any fees associated with the injury, including but not limited to, ambulance fees, medical fees are the responsibility of the parent/guardian of the participant.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

**\*\*\*\*\* Tackle Football Players Ages 7-12 and ALL Cheerleaders \*\*\*\*\***

### Physicians please fill out this section

Known Allergies YES NO DETAILS \_\_\_\_\_

Required Medications YES NO DETAILS \_\_\_\_\_

Restrictions YES NO DETAILS \_\_\_\_\_

I \_\_\_\_\_ have personally examined the above listed participant and have found the participant to be physically fit to participate in the Mifflin Bronco Athletic Association Football/Cheerleading Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

**MAIL TO: MBAA · PO Box 556 · Shillington, PA 19607**