



CORNWALL YOUTH FOOTBALL  
 PO BOX 148  
 CORNWALL, NY 12518



**MEDICAL RELEASE**  
**TO BE FILLED OUT BY PARENTS (Please Print)**

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City, State \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**MEDICAL HISTORY**

Has your child had any of the following:

- A. Any severe injuries, accidents, broken bones?
- B. Hospitalized for any length of time?
- C. Allergic to any medication?
- D. Is your child currently taking any drugs, medications, or treatment?
- E. Does your child have headaches/blurred vision?
- F. Does your child have vision problems in either eye?
- G. Does your child wear glasses or contact lens?
- H. Does your child have trouble breathing or frequent nosebleeds?
- I. Does your child wheeze, cough, or have shortness of breath?
- J. Have you ever been told your child has a heart murmur or any heart problems?
- K. Has your child ever had a hernia or rupture?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

If **Yes** to any of the above questions or there are any physical or developmental issues not addressed above, please describe in detail below.

To the best of my knowledge, the health history is correct. I hereby give my permission for participation in the Orange County Youth Football League.

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

**TO BE FILLED OUT BY EXAMINING PHYSICIAN**

Blood Pressure: \_\_\_\_\_ Height: \_\_\_\_\_  
 Heart Rate \_\_\_\_\_ Weight: \_\_\_\_\_

Person may compete in vigorous football activities? YES NO

Person's general physical condition? GOOD FAIR

OTHER: \_\_\_\_\_

Comments: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Name (Printed) \_\_\_\_\_