

# MEDICAL RELEASE AND TREATMENT FORM

In the event of any injury occurring to my son/daughter \_\_\_\_\_  
at any Pop Warner sponsored practice, game or event, at which I am not present, I hereby grant permission  
to the organization through its directors, coordinators and coaches, to act on my behalf to permit emergency  
medical treatment to my child as needed, until I can be contacted per the following instructions.

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY:

\_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

If you **DO NOT** grant permission or authorization for consent to emergency medical treatment, what  
procedure should be followed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATE** \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)

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TO BE COMPLETED BY YOUR PHYSICIAN:

KNOWN MEDICAL CONDITIONS OF PARTICIPANT (IF ANY)

	Circle One		Restrictions
Heart condition or disease	YES	NO	_____
Diabetes	YES	NO	_____
Convulsions disorder	YES	NO	_____
Asthma	YES	NO	_____
Allergic to medication	YES	NO	_____
Allergic to insect stings	YES	NO	_____

State allergies \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

List any medication(s) currently receiving \_\_\_\_\_

Please detail any special restrictions or limitations that should be followed during the course of football or  
cheerleading activity. \_\_\_\_\_

\_\_\_\_\_  
I have examined the above child and found no apparent contraindications to participating in Pop Warner  
Football/Cheerleading.

**Doctors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_