



Coatesville Kid Raiders (CMFL) Medical Clearance Form

Player Name: _____ Age: _____ Date: _____

Child Health History (To be completed by parent or guardian; answer Yes or No only)

	YES	NO
Dizziness / fainting / chest pain with exercise?		
Cardiovascular / heart murmur / heart condition?		
Serious head or spine trauma / concussion / repeated concussions		
Any type of bone injury, sprains or dislocations		
Wear Eyeglasses		
Does the child take medication for Asthma or other illness		
Known History of Seizures		
Has the child had COVID		
Had the child received COVID vaccination (s)		
Known Allergies (bee stings)		

.....
I, certify that I am a State Licensed Medical Examiner in the state of _____ and am qualified in determining that:

Child's Name _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation:

<p>Signature:</p> <p>_____</p> <p>Date: (Must be dated after January 1st of the Current Season)</p> <p>_____</p>	<p>Please Print – or – Use Office Stamp Here:</p> <p>_____</p>
--	---

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her State Licensed Medical Examiner to resume participation. This statement must be supplied by the physician attending to the injury, accident, or illness.