



Grafton Tabb Youth Football League
Football and Cheer
Medical Release
2020



NOTE: To be privately carried by your Team Mom for the duration of the season. Information to be viewed only in the event of an emergency.

Player: _____

Date of Birth: _____

Team/Division: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact: (Parent contact will be attempted first)

 Name Phone Relationship to Player

 Name Phone Relationship to Player

Please list any allergies/medical conditions:

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Football/Cheer.

GTYFL does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.