

Medical Clearance Form

Organization Name: _____

I, as evidenced by my name and signature below, do certify that I am a licensed MD and DO in the state of Pennsylvania and am qualified in determining that:

Participant's Name _____ is physically fit and I have found no medical or observable conditions which would contra-indicate them from participating in youth flag football, tackle football, cheerleading, or athletic activities.

I am therefore clearing this individual for athletic participation.

Signature	Print Name (Clearly)
Date:	Office Address:

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.