

# MIFFLIN

BRONCOS YOUTH FOOTBALL AND CHEER

## MEDICAL CONSENT FORM

**NOTE: THIS FORM WILL NOT BE ACCEPTED IF INCOMPLETE**

Participant Name \_\_\_\_\_ Participant Age \_\_\_\_\_

Address \_\_\_\_\_

City Zip Email \_\_\_\_\_

Parent/Guardian Name Phone \_\_\_\_\_

Alternate Contact Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Insurance Carrier Plan # \_\_\_\_\_

Family Physician Phone \_\_\_\_\_

Dentist Phone \_\_\_\_\_

In the event of accidental injury sustained by \_\_\_\_\_

Participant Name \_\_\_\_\_

I hereby, give my consent for an officer or coach of the Mifflin Bronco Athletic Association to seek medical attention for my child in my absence. I also give my consent for any trained, medical professional to administer the proper first aid necessary, without legal ramifications to the caregiver and/or officer, coach or staff of the Mifflin Bronco Athletic Association. I understand that any fees associated with the injury, including but not limited to, ambulance fees, medical fees are the responsibility of the parent/guardian of the participant.

Date \_\_\_\_\_

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

Football / Cheer: Flag (K-1st) Mighty Mite (2<sup>nd</sup>-3<sup>rd</sup>) Mite (4<sup>th</sup>-5<sup>th</sup>) Midget (6<sup>th</sup>-7<sup>th</sup>)

'25 -'26 Grade: \_\_\_\_\_

Siblings in Broncos: \_\_\_\_\_

Any info/diagnosis to share with the participant's coach: \_\_\_\_\_

**\*\*\*\*\* Complete for Tackle Football Players and ALL Cheerleaders \*\*\*\*\***

### Physicians: please fill out this section

Known Allergies YES NO DETAILS \_\_\_\_\_

Required Medications YES NO DETAILS \_\_\_\_\_

Restrictions YES NO DETAILS \_\_\_\_\_

I have personally examined the above listed participant and have found the participant to be physically fit to participate in the Mifflin Bronco Athletic Association Football/Cheerleading Program.

Date Signature of Physician \_\_\_\_\_

**EMAIL TO: GovernorMifflinBroncos@gmail.com**