

**NORWALK YOUTH FOOTBALL & CHEER**  
**Medical Form & Doctor Certification**  
**2019 SEASON**  
Required for all WYF Participants



**DOCTOR CERTIFICATION**

Player's Name \_\_\_\_\_ Grade (Fall 2019) \_\_\_\_\_

School (Fall 2019) \_\_\_\_\_ Weight \_\_\_\_\_

**I HAVE EXAMINED \_\_\_\_\_ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN TACKLE FOOTBALL, FLAG FOOTBALL OR CHEERLEADING ACTIVITIES.**

**ADDITIONAL COMMENTS:** \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PRINT OR STAMP**

**MEDICAL INFORMATION (to be completed by parent)**

Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, what \_\_\_\_\_

Medication \_\_\_\_\_

Chronic Conditions Yes \_\_\_\_\_ No \_\_\_\_\_

if yes, what \_\_\_\_\_

**Important Information**

**HOLD THIS FORM – DO NOT MAIL**

**Medical Form must be hand delivered the day of equipment distribution.**

**EMERGENCY CONTACT INFORMATION:**

1) PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

2) ALTERNATE CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_