# HIGHLAND YOUTH FOOTBALL & CHEER

# MEDICAL INFORMATION FORM

All Football Players & Cheerleaders this form filled out by their doctor to participate in the Highland Youth Football & Cheer Program for the 2026 season.

Highland Youth Football & Cheer will **NOT** allow a football player or a cheerleader to participate in any practices or games without your doctor's permission to participate via this form.

**PLEASE LIST ANY ADDITIONAL ALLERGIES OR PHYSICAL CONCERNS THAT WE MUST BE MADE AWARE OF AT THE BOTTOM OF THIS FORM.**

## FOOTBALL PLAYER / CHEERLEADER INFORMATION

## (TO BE COMPLETED BY PARENT / GUARDIAN)

**Participant Name:** _____

**Date of Birth:** _____

**Home Address:** _____

**Phone Number:** _____

## MEDICAL AUTHORIZATION

## (TO BE COMPLETED BY PHYSICIAN)

**Physician's Name:** _____ **Phone Number:** _____

**Allergies:** _____

**Physical or Emotional Concerns:** _____

_____

**By signing below, I attest that the participant named above, is in good health and may participate in the Highland Youth Football & Cheer program for the 2026 season.**

**Signature of Physician:** _____ **Date:** _____

**Physician Stamp:**