



Florham Park Football Club, Inc.

2019 MEDICAL FORM

(Please complete and return before August 1, 2019)



Player Name: _____ Birth Date: _____

Street Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____
(In the event parent/guardian cannot be reached)

Family Physician: _____ Phone: _____

Primary Insurance Carrier: _____

My child is hereby given permission to participate in the football program sponsored by the Florham Park Football Club, Inc. In granting such permission, I hereby certify and/or agree that:

1. My child is in good health, and has never suffered, to my knowledge, from any of the following illnesses:
(only check if your child has suffered one or more of the following)

- | | | |
|--|-----------------------|-----------------------|
| _____ Asthma | _____ Hernia | _____ Rheumatic Fever |
| _____ Bone Fractures | _____ Fainting Spells | _____ Convulsions |
| _____ Heart Disease | _____ Concussions | _____ Other _____ |
| _____ Allergies: (Please note details required for first responders, ie. eppy pen, etc.) _____ | | |

Explanations: _____

2. I authorize the Coach or other League representative to seek emergency medical attention for my child in the event an injury or medical emergency occurs in my absence.

3. I understand that this medical form is mandatory in order for my child to participate in the program.

Name of Parent/Guardian (Print) Signature Date

PHYSICAL EXAMINATION

(To be completed by family physician)

Age: _____ Ht: _____ Wt: _____ BP: _____ Pulse: _____

Eyes: R 20/ _____ L 20/ _____ Ears: R: _____ /15 L: _____ /15

REMARKS/RESTRICTIONS: _____

PHYSICIAN'S STATEMENT: I have examined the above named child and believe that he/she is physically fit to participate in flag football or contact football.

Name of Physician (Print) Signature Date