

# ROMULUS ATHLETIC CLUB

## MEDICAL AUTHORIZATION TO PARTICIPATE (ATHLETIC PHYSICAL FORM)

**Part I – To be completed by the Parent (Please print):**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Circle the appropriate number if your athlete has had any of the following:**

1	Drug allergies:	12	Lung Disease
2	Surgery:	13	Hepatitis
3	Frequent Sore Throat	14	Hernia
4	Fainting or Dizzy Spells	15	Broken Bones
5	Convulsions	16	Back Problems
6	Rheumatic Fever	17	Head Injuries
7	Heart Disease	18	Severe Headaches
8	Diabetes	19	Neck Injure
9	High Blood Pressure	20	Appendectomy
10	Chronic Cough	21	Other
11	Asthma		

What Medications does your child take regularly? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN (PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Part II – To be completed by a Doctor:**

I have examined this child and it is my considered opinion that he /she does not have any physical defect or impairment, which will prevent him / her from participating in the sport of football or cheerleading

Signed: \_\_\_\_\_

**EXAMINING PHYSICIAN**

**Name & Address of Physician (print or stamp)**