

# MIFFLIN

BRONCOS YOUTH FOOTBALL AND CHEER

## MEDICAL CONSENT FORM

NOTE: THIS FORM WILL NOT BE ACCEPTED IF INCOMPLETE

### Athlete Info

Participant Name		Participant Age	
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### Parent/Guardian Info

Parent/Guardian Name		Phone #	
Secondary Contact		Phone #	
Relationship to Participant			

### Insurance/Primary Care

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.

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

Football / Cheer (circle one): 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>)

'26 -'27 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 IF YES, DETAILS \_\_\_\_\_

Required Medications

YES NO IF YES, 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.

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

EMAIL TO: [GovernorMifflinBroncos@gmail.com](mailto:GovernorMifflinBroncos@gmail.com)