

**Monroe Woodbury Youth Football & Cheer League**  
**PO Box 287**  
**Monroe, NY 10949**  
[www.monroefootball.com](http://www.monroefootball.com)

**Medical Release Form**

(Please print clearly and fill in all information)

**NO CHILD** will be allowed to practice without this form completed. **Form due by 7/1 of current year.**

**FOOTBALL/CHEERLEADER INFORMATION**

Players Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Allergies/Medical Concerns**

\_\_\_\_\_  
\_\_\_\_\_

**Inhaler Required:** Yes or No  
*(Please Circle)*

**EpiPen Required:** Yes or No  
*(Please Circle)*

**Insulin Dependent:** Yes or No  
*(Please Circle)*

**Self Administered:** Yes or No  
*(Please Circle)*

**Physical/Emotional Concerns**

\_\_\_\_\_  
\_\_\_\_\_

This child is in good health and may participate in contact football/cheerleading for the current year season.

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

*(Please place physician stamp in box below)*

Physician Stamp