



Please briefly explain any checked boxes on page 1:

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Is there a family history of health problems? Parents, grandparents, brothers or sisters? If yes, please explain briefly:

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**Parent Release**

I am the parent or legal guardian of the child listed on this Health Screening form. I have no knowledge of any condition or impairment that would prevent my child's participation in a youth tackle football program or cheer program.

\_\_\_\_\_  
Parent or Legal Guardian's Name - Please Print      Parent or Legal Guardian's Signature      Date

**Doctor Release**

Based on my examination and the information provided as part of this Health Screening,

- I release this child to participate in a youth tackle football program or cheer program.
- I refer this child for further consultation with his or her family physician or other specialist.

\_\_\_\_\_  
Examining Physician - Please Print      Examining Physician's Signature      Date

**DOCTOR'S OFFICE STAMP**  
**MANDATORY**

Note to Dr's office—this is necessary to prevent forgeries of your doctor's signature to preserve the integrity of your office, our apologies for the inconvenience.

**Doctor's Notes:**