

**JEFFERSON COUNTY Youth FOOTBALL ASSOCIATION (JYFA)
PHYSICIANS CERTIFICATION AND MEDICAL INFORMATION AND CONSENT FORM**

Player's Full Name: _____

Parent's/Guardian's Names: _____

Phone: _____ (Day) _____ (Evening)

Cell phone Mom Cell phone Dad

PHYSICIAN'S CERTIFICATION: (TO BE COMPLETED BY LICENSED MEDICAL DOCTOR)

I hereby certify that I have examined _____ and that this player was found physically fit to engage in football. (Player's Name -Please Print)

Date: _____ Signed: _____

Physician (must be signed by a physician)

Print Physicians Name

NON PARENT EMERGENCY NOTIFICATION: (TO BE COMPLETED BY PARENT/GUARDIAN)

Name: _____

Relationship: _____

Phone: _____

MEDICAL INFORMATION: (TO BE COMPLETED BY PARENT/GUARDIAN)

Health Insurance co _____ Policy # _____

Allergies to Medication: _____

Required Medications: _____

Additional Medical Problems: _____

(Asthma, heart murmurs, rheumatic fever, etc.) _____

MEDICAL TREATMENT AUTHORIZATION (OPTIONAL)

I, _____, do hereby appoint and authorize JMFA and its designated representative as my attorney-in-fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery deemed necessary by a medical/dental provider selected by attorney-in-fact for the health and well being of _____ (Player's Name) who is participating in JMFA activities. This power expires on December 31st of this current year.

Signature of Parent/Guardian named above _____ Date _____

(The authorization is to be used if a parent or guardian can not be contacted in a timely manner in the event of a medical situation. It is entirely optional)