



Football & Cheer Participant Emergency Health Questionnaire

To facilitate effective and expedient care of previously known medical conditions pertaining to your child that may arise during the course of physical activities during practice, games, competitions and other events related to the sports of football and cheerleading, you are asked to provide any relevant information in the space below. There are many medical conditions that may not prevent a child participating in the program, but may arise during the course of program activities. Often coaches and medical personnel can best respond with first aid to medical symptoms if they have an awareness of any preexisting conditions that require special handling. For instance during strenuous exercise, a participant may develop acute asthmatic symptoms that require the use of a specific inhaler agent to arrest the problem. The parent could make available the child's inhaler medication (labeled with the participant's name, specific instruction for use, and dosage) so it may be administered swiftly.

Name of participant: _____

Cheer Football Division: _____

I acknowledge that the participant suffers from the following conditions: _____

Medication (if any): _____

Allergies (if any): _____

OR

My child has no known medical issues

_____ Date: _____

Parent/Guardian signature