



# Coatesville Kid Raiders (CMFL) Medical Form

P.O. Box 853 Coatesville, Pennsylvania 19320

www.coatesvillekidraiders.com

Dear Parents/Guardians:

The Coatesville Kid Raiders (CMFL) and Bert Bell Memorial Football Conference require a complete physical examination of every child. **Your child will not be able to participate in contact or stunting drills until a medical release is obtained from a physician.** The physical must be completed in the same year as participation and no more than 6 months prior to August 1<sup>st</sup>. The form needs to be turned into the organization by **AUGUST 1<sup>ST</sup> OR YOUR CHILD'S FIRST PRACTICE.** Forms can be scanned and sent to our email address info@kidraiders.org

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Issues:	Yes	No
Asthma		
Inhaler or Other Meds Used to treat Asthma		
Allergies		
Allergic to Bee Stings		
Gets Overheated		
Administer Benadryl for Bee Stings		

Other Medical Concerns: \_\_\_\_\_

*In the event that your child is injured, Coatesville Kid Raiders (CMFL) approved officials will provide BASIC first-aid onsite.*

*Do you give Coatesville Kid Raiders (CMFL) approved officials permission to administer BASIC first-aid onsite to your child? Yes: \_\_\_\_\_ No: \_\_\_\_\_*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*TO BE COMPLETED BY LICENSED PRACTICIONER\*\*\***

[ ] The individual examined by me on this date, ***"DOES"*** meet the physical requirements for participation in the youth football/cheer program.

[ ] The individual examined by me on this date, ***"DOES NOT"*** meet the physical requirements for participation in this youth football/cheer program.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_