

# Mountain Area Midget Football Association

## Physicians Certification and Medical Information Form

Player's 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  
(Player's Name -Please Print)  
is found physically fit to engage in football.

Player Height (in inches) \_\_\_\_\_ Player Weight (in pounds) \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Physician (must be signed by a physician)

\_\_\_\_\_  
(Print Physician's 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

I, \_\_\_\_\_, do hereby appoint and authorize MAMFA 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 \_\_\_\_\_ who is participating in MAMFA activities.

(Player's Name)

This power expires on December 31<sup>st</sup> 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)