

**Scotia-Glenville Junior Tartans**  
**2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM**  
**PARENT/LEGAL GUARDIAN – SECTION I**

**SECTION I: THIS SECTION TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN**

*Note: This form must be dated after January 1, 2019 and then submitted to the Scotia Glenville Junior Tartans.*

Legal Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Participant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:**

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Staff).

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

Sport (check one): Game Cheer \_\_\_\_\_ Competitive Cheer \_\_\_\_\_ Tackle Football \_\_\_\_\_ Flag Football \_\_\_\_\_

**If the parent/legal guardian cannot be reached in case of emergency, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any allergies or medical problems, including those requiring maintenance medication.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

1. Does the participant wear glasses or contact lenses? Yes    No
2. Does the participant wear a brace or other medical support device? Yes    No
3. Does the participant have any other physical limitations or medical conditions? Yes    No
4. Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness, or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.**

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Scotia-Glenville Junior Tartans**  
**2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM**  
 MEDICAL PROFESSIONAL-SECTION 2

**SECTION II: THIS SECTION TO BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL**

**Note:** This form must be dated after January 1, 2019 and then submitted to the Scotia Glenville Junior Tartans.

Legal Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

**Please check the following if healthy, or note otherwise:**

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	Dermatological	Blood Pressure

**I hereby certify that I am a licensed state examiner and have examined the above-named individual and understand that he/she will be involved in participating in Scotia-Glenville Junior Tartan football or cheer programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Scotia-Glenville Jr Tartan activities. I am therefore clearing this individual for athletic participation without limitation.**

Please place medical professional stamp here or fill out the following:

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). No other forms acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice provides its own form). It *must* indicate that the child is *cleared for athletic participation without limitation*.**