



### Medical Clearance Form

**The completed physical must be for this calendar year and dated after April 15<sup>th</sup> 2025**

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Known Food or Drug Allergies:

\_\_\_\_\_

Known Disabilities or Medical Conditions:

\_\_\_\_\_

#### **Physician's Statement of Health:**

(Must be completed by a medical doctor)

I certify that I have examined

\_\_\_\_\_

And have found no gross evidence of any abnormality that will keep him/her from participating in the Woodcreek Jr. Timberwolves youth tackle football and/or Cheer program.

Physician's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Signature: \_\_\_\_\_

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

Physician's Stamp  
**REQUIRED**

