



INDIAN NATIONS FOOTBALL CONFERENCE
PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

Grade _____

Birth Date _____

REGISTRATION # []

DATE: _____

PARTICIPANT'S NAME _____ AGE _____ PHONE# _____

PARENT/GUARDIAN _____

PARTICIPANT'S HEALTH HISTORY

Table with 4 columns: DOES PARTICIPANT HAVE?, YES, NO, IF YES TO ANY OF THESE, PLEASE EXPLAIN IN DETAIL. Rows include HEADACHES/DIZZINESS/FAINTING SPELLS, NOSEBLEEDS OR HIGH BLOOD PRESSURE, ALLERGIES, ASTHMA, HEARING PROBLEMS, CHRONIC OR REOCCURRING ILLNESS, HERNIA, BONE, JOINT OR SPINE INJURY, LIVER, SPLEEN, KIDNEY OR SKIN PROBLEMS, ORGANS MISSING, TAKING MEDICATIONS.

LIST, IF ANY, PHYSICAL OR MENTAL LIMITATIONS THAT MIGHT LIMIT OR PREVENT THE CHILDS' PARTICIPATION IN TACKLE FOOTBALL:

The above information is true and correct:

[]

PARENT/GUARDIAN SIGNATURE

PHYSICIAN 'S EXAMINATION

HEIGHT: _____ WEIGHT: _____ BP: _____ HEART: _____ PULSE: _____
EENT: _____ LUNGS: _____ STRUCTURAL: _____
MOBILITY: (KNEES, JOINTS, ETC) _____ OTHER: _____
PHYSICIAN'S COMMENTS: _____

SPORTS PARTICIPATION APPROVED: (CIRCLE) YES NO

ARE THERE ANY SPECIFIC REQUIREMENTS? _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____