



NORTH HILLS YOUTH FOOTBALL ASSOCIATION



The Tradition Starts Here!

Last Name: _____ First Name: _____ Team: _____

Medical Authorization & Information CHEERLEADING

In order to ensure the health and safety of the cheerleaders that participate in the North Hills Youth Football Association's Cheerleading program, we need to be aware of any medical conditions or allergies that the individual may have.

Below please advise any pertinent medical conditions or allergies that your child has. Any medications that a child may need to have with them must be in their original container and must be labeled. The label must indicate the child's name, the dosage given and if necessary, the times the medication is to be given.

Please note that this form will be given to the coach.

IN CASE OF AN EMERGENCY, CONTACT:

1ST Contact Name: _____ Phone: _____

2nd Contact Name: _____ Phone: _____

Pediatrician: _____ Phone: _____

Allergic Reactions to: Bee Stings Other: _____

Any problems or limitations of which that the NHYFA should be aware:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Phone: _____