Medical Release Form

This form is to be completed by your physician.

Child's Name: _____ Date: _____

I approve the above named student for football/cheerleading for the ____season. I see no reason why he/she should not be able to function normally and perform his/her duties without difficulty or assistance.

Preexisting conditions: _____

Medications he/she is currently taking: _____

Medication he/she will need to bring with them: _____

Physician's Name(Please Print): _____

Address: _____

Phone: _____

Physician's Signature: _____

Please return this form to: Bordentown Bulldogs
PO Box 105
Bordentown, NJ 08505