



KNIFE RIVER MIDGET FOOTBALL LEAGUE



MEDICAL RELEASE FORM

Is your child currently under a physicians care? _____ yes _____ no

If yes, please list: _____

Does your child currently take any medication? _____ yes _____ no

If yes, please list: _____

Does your child have any known allergies? _____ yes _____ no

If yes, please list: _____

Preferred Doctor: _____ Phone #: _____

Child's Name: _____

Parents' Name: _____

I hereby acknowledge that I have answered the above questions truthfully. I further give permission for prescribed medications listed above to be administered to my child, according to my instructions; and recognize that a note must accompany such medication.

Signature: _____ Date: _____