

PHYSICIAN'S RELEASE

This is an optional Form that may be used by FCYFL participating clubs. It is no longer required by High School Rules, and therefore, it is no longer required to play with a cast. See High School rules for details on proper covering required for all hard casts. It is the parent's responsibility to ensure their child is cleared for play. If a Coach has any reservations about a child playing, they should consult with their Club Commissioner. They may also use this form and ask the parent to acquire a physician's release.

There are instances where it is recommended that a physician clear a player for play (e.g. broken bone, concussion, etc.). This form is available for Clubs and Parents to use to obtain such clearance.

In the example of a player with a cast or brace - the hard surface must be covered as per High School Federation Rules. Example: Rule 1; Section 5; Article 3c: *"Hard and unyielding items (guards, casts, braces, etc.) on the hand, wrist, forearm, elbow, or upper arm unless padded with a closed-cell, slow recovery foam padding no less than 1/2 thick."* A physician's release is recommended, but not required.

Instructions To Physician

Please complete this form in its entirety. Failure to provide any of the requested information may invalidate the form.

Please indicate exact dates athlete is permitted to participate in any football contest/ practice/activity.

Please provide any special instructions or requests regarding the participation of this athlete.

Please print legibly or type:

Name of Player: _____

Organization: _____ Weight Class: _____ Team: _____

Name of Physician: _____

Practice Name: _____

City: _____ State: _____ Zip Code: _____

Physician Telephone Number: _____

Description of Injury: _____

Special Instructions or Requests: _____



The above-named athlete is permitted to participate in football practices and/or contests during the period of _____ through _____

(BE SPECIFIC WITH BEGINNING AND ENDING DATES THAT ATHLETE IS PERMITTED TO PARTICIPATE)

PHYSICIAN'S SIGNATURE: _____

DATE: _____