



NFL Junior Player Development MEDICAL FORM

Participant Name: _____ Birth date: _____

Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation and contact football, and that this injury may lead to permanent disability or death. In the event of routine or emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the Junior Player Development medical staff, physicians associated with other community facilities as needed.

Name of Parent / Guardian: _____

Date: _____

Signature of Parent / Guardian: _____

Signature of Participant: _____ Date: _____

Emergency Contact #1 (_____) _____ Name: _____

Emergency Contact #2 (_____) _____ Name: _____

****PARTICIPANTS ARE REQUIRED TO BRING THEIR HEALTH CARD TO ALL PRACTICES****

Parental Consent

Allergies: _____

Medication student-athlete is taking: _____

Previous Medical Conditions:

Has your son/daughter's doctor ever said that they have a heart condition and that your son/daughter should only do physical activity as recommended by a doctor

Yes No

To be answered by the Participant in JPD:

Do you feel pain in your chest when you do physical activity? Yes No

In the past month, have you had chest pain when you were not doing physical activity? Yes No

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No

I have answered all the questions truthfully and to the best of my ability

Signature of participant _____