



*The official youth football and cheer program for Oak Ridge High School*

## **Medical Clearance Form**

**The completed physical must be for this Calendar Year and dated after April 15<sup>th</sup> 2025**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Known Food or Drug Allergies:

\_\_\_\_\_

Known Disabilities or Medical Conditions:

\_\_\_\_\_

### **Physician's Statement of Health:**

(Must be completed by a medical doctor)

I certify that I have examined

Athlete's Name \_\_\_\_\_

and have found no gross evidence of any abnormality that will keep him/her from participating in the Oak Ridge Jr. Trojans youth tackle football and/or Cheer program.

Physician's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Stamp

**REQUIRED**



**Member of the Sierra Athletic Conference League**