



INDERKUM JR TIGERS Football Cheer & Sports Program  
*The official youth football and cheer program of Inderkum High School*

**Medical Clearance Form**

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

Childs 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

\_\_\_\_\_

And have found no gross evidence of any abnormality that will keep him/her from participating in the Inderkum Junior Tigers youth tackle football and/or Cheer Sports program.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Physician's Stamp  
**REQUIRED**

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