

St. Bernard Sports Council

Basketball Medical Form 2018-2019 Season

Name _____ DOB: __/__/__

Address: _____

Medical Clearance to Participate in the Basketball Program

The above named child has been given medical clearance without limitations by their physician to participate in the strenuous activity of the St. Bernard Basketball Program. The above named has been given all needed immunizations and, if necessary a St. Bernard representative has my parental permission to request information as needed.

Parent/Guardian Signature _____ Date _____

I give my permission for full participation without limitations for all activities sponsored by the St. Bernard Basketball Program.

Physician Name _____ Physician Stamp _____

Physician Address _____ Phone # _____

Emergency Medical Information Needed:

Please let a St. Bernard Representative know if there are any asthmatic or allergic conditions, and if child needs inhaler or epi pen while participating.