



*The official youth football and cheer program for Del Oro High School*

**Medical Clearance Form**

**The completed physical must be for this Calendar Year and dated after April 15<sup>th</sup> 2026**

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 \_\_\_\_\_  
And have found no gross evidence of any abnormality that will keep him/her from  
participating in the Del Oro Jr Golden Eagles youth tackle football and/or Cheer program.

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

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

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

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

Physician's Stamp  
**REQUIRED**

