

2013 MEDICAL RELEASE FORM

IMPERIAL VALLEY POP WARNER FOOTBALL ASSOCIATION
AND
IMPERIAL VALLEY FOOTBALL OFFICIALS ASSOCIATION

DATE: _____

Coach, we are providing this letter for yours and our protections, if there is a medical Doctor or EMT available for your team please have him or her complete this form for all injured player under Rule 19, Section S3 and Article 17, Section S1:

To the Doctor or EMT, Pop Warner Rule 19, Section S3 and Article 17, Section S1, adopted by the Imperial Valley Pop Warner Football Association states:

RULE 19, SECTION S3: "INJURED PLAYERS: ONCE REMOVED BY REASON OF INJURY, A PLAYER SHALL NOT RE-ENTER THE GAME WITHOUT THE APPROVAL OF AN OFFICIAL LICENSED ATHLETIC TRAINER OR MEDICAL PROFESSIONAL WHO IS NOT A PARENT/GUARDIAN OF THE PLAYER".

ARTICLE 17, SECTION S1: "CONCUSSION RETURN TO PLAY GUIDELINES: A PARTICIPANT WHO IS SUSPECTED OF SUSTAINING A CONCUSSION OR HEAD INJURY IN A PRACTICE, GAME OR COMPETITION SHALL BE REMOVED FROM PRACTICE, PLAY OR COMPETITION AT THAT TIME BASED ON EVALUATION AND DETERMINATION BY THE HEAD CIACH. HOWEVER, IF AN OFFICIAL LICENSED ATHLETIC TRAINER OR OTHER OFFICIAL QUALIFIED MEDICAL PROFESIONAL IS ON SITE AND AVAILABLE TO RENDER SUCH EVALUATION, THAT PERSON SHALL ALWAYS HAVE FINAL AUTHORITY AS TO REMOVAL OR RETUR TO PLAY OF THE PARTICIPANT.

WHEN AN OFFICIAL, LICENSED ATHLETIC TRAINER, OR OTHER OFFICIAL QUALIFIED MEDICAL PROFESIONAL IS NOT PRESENT, AND A PARENT OR GUARDIAN OF THE INJURED PLAYER IS SERVING AS HEAD COACH, THE FINAL AUTHORITY ON REMOVAL OF A PARTICIPANT SHALL REST WITH THE LEAGUE PRESIDENT, ASSOCIATION PRESIDENT, OR THE TOP RANKING ASSITANT HEAD COACH; WHOMEVER IS PRESENT AND HIGHEST IN THE POP WARNER CHAIN OF COMMAND.

We as Football Officials are providing you with this generic release form please fill the form out completely and include your medical identification number and return the completed form to the Football Referee on the field.

I Doctor / EMT, _____, have examined the below mentioned football player, who was injured during live contact football, while playing at _____ field. It is my medical opinion that the below mentioned player may continue to play football without any restrictions. Parent's approval (signature) must also be provided.

MY MEDICAL IDENTIFICATION NUMBER: _____

INJURED PLAYERS NAME: _____

TEAM NAME: _____

PARENT'S APPROVAL: _____

DOCTOR/EMT SIGNATURE: _____