

**MEDICAL HISTORY**

Student's Name \_\_\_\_\_

Please mark the conditions below that your child has had. Please note that these do not necessarily eliminate your child from competition, but they do require more thorough examination than will be available at the screening sessions.

MD(check)

- \_\_\_ Brain surgery, seizure, severe head injuries with loss of consciousness
- \_\_\_ Severe visual defect (less than 20/200) uncorrected, retinal detachment, glaucoma, etc.
- \_\_\_ Asthma, tuberculosis, other severe respiratory problem
- \_\_\_ Heart defect, rheumatic fever, previous heart catheterization
- \_\_\_ Diabetes, cancer or other ongoing serious illness
- \_\_\_ Underscended testicle, unrepaired hernia, enlarged liver of spleen
- \_\_\_ Missing, damaged or enlarged kidneys
- \_\_\_ Bleeding problem
- \_\_\_ Unhealed fracture, hip disease, severe back problems, unstable joints (especially knees), recurrent dislocations, or other serious musculoskeletal.
- \_\_\_ Other \_\_\_\_\_

Athletes with any of the above injuries or illnesses should NOT attend the screening examinations, but should have a complete examination with their private physicians. Arrangements can be made for such examinations through the school nurse in case of any severe financial difficulty.

Please list any hospitalization – dates and reasons for such:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any allergies your student has

Please list any medications your student takes regularly

\_\_\_\_\_  
 The date of the most recent tetanus shot.  
 Does your student wear dental braces \_\_\_\_\_ glasses \_\_\_\_\_ contacts \_\_\_\_\_  
 Girls: Date of last period \_\_\_\_\_ periods regular \_\_\_\_\_  
 How far apart \_\_\_\_\_  
 How many days long \_\_\_\_\_  
 Name of regular doctor (if any) \_\_\_\_\_

I certify that the above information is complete and accurate to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Physical Examination:**

Complete	LIMITED	Height _____ Weight _____ BP _____ / _____ Pulse _____						
		Vision R 20/____ L20/____ Corrected Y N Pupils _____						
			Normal	Abnormal findings				Initials
		Cardiopulmonary						
		Pulses						
		Heart						
		Lungs						
		Tanner Stage	1	2	3	4	5	
		Skin						
		Abdominal						
	Genitalia							
	Musculoskeletal							
	Neck							
	Shoulder							
	Elbow							
	Wrist							
	Hand							
	Back							
	Knee							
	Ankle							
Foot								
Other								

**Clearance:**

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for:  Collision  Contact  
 Non contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non strenuous

Recommendation:

Name of Physician \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_

**IF THIS CHILD IS INJURED OR HOSPITALIZED AFTER THIS PHYSICAL BUT PRIOR TO HIS/HER SPORTS SEASON, THEY MUST HAVE A RELEASE SIGNED BY THE TREATING PHYSICIAN BEFORE THEY WILL BE ALLOWED TO PARTICIPATE IN SPORTS**

**Please print in black or blue ink**

School \_\_\_\_\_  
School Year \_\_\_\_\_

### EMERGENCY CARD/CONSENT TO TREAT FOR ATHLETICS

This completed form must be kept on file by the school

Athletes Name \_\_\_\_\_ Grade \_\_\_\_\_ (that this physical will be effective for)

Address \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Mother/Guardian's Name \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work father) \_\_\_\_\_ (work mother)

Family Doctor \_\_\_\_\_

Nearest relative (not living with student) \_\_\_\_\_ Telephone \_\_\_\_\_

I understand every effort will be made to reach me in case of an emergency. If this is impossible I, \_\_\_\_\_, the parent/legal guardian of the above named student authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

**Parent/Legal Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### STATEMENT OF INSURANCE COVERAGE

Please check **one** box below:

\_\_\_\_\_ I hereby certify that I have sufficient insurance coverage through a personal or family policy in effect throughout the interscholastic sports seasons for the current school year which will provide for adequate reimbursement of medical and surgical expenses in the event my student should become injured as a result of having practiced and/or played in an interscholastic sport this school year.

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**OR**

\_\_\_\_\_ I have purchased school insurance for the current school year. I mailed the application and the fee to the company on \_\_\_\_\_.

(Date)

I agree that in the event of an accident and/or injury while participating or practicing during these seasons under the sponsorship of this school, I will not expect or demand any compensation for medical and/or surgical expenses incurred.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### TRIP PERMISSION

I give permission for my student to ride school vehicles (van, bus or school car) to all away athletic events during the current sports season, knowing that every precaution will be taken for their safety and well-being.

Athletes are required to ride a school vehicle to and from the event, unless the parents notify the school prior to the event and arrange to transport their son or daughter personally. Notes from parents or anyone else will not be accepted because of liability incurred by the school district.

A student may be released to ride home with their own parent after a contest; but only if the parent takes custody of the student through personal contact at that time.

### PARTICIPATION PERMIT

Although participation in supervised school athletic and activities programs is among the least hazardous activities in which any student will engage in or out of school, the very nature of these school athletic and activities programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I/we hereby give consent for my child/ward to participate in the following interscholastic sports that I have marked:

\_\_\_\_\_ Basketball \_\_\_\_\_ Football \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Wrestling \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_