

ATHLETIC HISTORY AND PHYSICAL EXAMINATION

Name _____ Address _____ Birth Date _____

Parents: Please fill in the top half of this questionnaire and sign before you child's examination. This will give the examining physician important information regarding our child's medical history. The completed and signed form must be brought to the examination. Thank you.

History:

- 1 List any serious illnesses, past or present: _____
- 2 List any operations: _____
- 3 List any severe injuries (concussion, fractures): _____
- 4 List any food or drug allergies: _____
- 5 Is child on any medications? (Please list): _____
- 6 Any history of asthma or other lung problems? _____
- 7 Any history of heart problems? _____
- 8 Any history of epilepsy or seizures? _____
- 9 Any history of kidney problems? _____
- 10 Any history of bleeding problems? _____
- 11 Any history of knee, back or other musculoskeletal problems? _____
- 12 Any other pertinent information? _____

Parent's Signature _____

PHYSICAL EXAMINATION:

Age _____ Weight _____ Height _____ Blood Pressure _____
 Urine: Albumin _____ Sugar _____

	Normal	Abnormal		Normal	Abnormal
HEENT (including teeth)	_____	_____	Back (Including scoliosis)	_____	_____
Heart	_____	_____	Legs, Feet and Joints	_____	_____
Lungs	_____	_____	Skin	_____	_____
Abdomen	_____	_____	Neurologic	_____	_____
Genitalia (boys only)	_____	_____	Hernia	_____	_____
Other	_____	_____			

Recommendation:

- _____ Okay for all sports.
 _____ Needs further medical evaluation (contact your family doctor).
 _____ Limited participation (describe). _____

Doctor Signature _____

Date ____ / ____ / ____

Although participation in supervised athletic programs and activities is among the least hazardous activities in which any student will engage either in or out of school, the very nature of these 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 hereby give my consent for _____ to compete in athletics for _____ School, in the approved sports program except those crossed out below:
Baseball, basketball, football, golf, tennis, track and field, wrestling, volleyball

Signed _____ Date ____/____/____

2 Emergency Procedure

In the event of any accident or injury which may require emergency medical treatment, every attempt will be made to contact the parent/guardian.

In the event the school personnel cannot reach me, I give my permission and authorization to proceed as follows (Sign any or all that are acceptable):

(Parent Signature) Contact family physician _____
(Name) (Phone)

(Parent Signature) Take child to emergency room _____
(Name)

(Parent Signature) Take child to any licensed physician _____
(Name) (Phone)

(Parent Signature) Other desire procedures _____