



Developing Christlike Character
and Academic Excellence

ISAAC NEWTON CHRISTIAN ACADEMY Medical Examination for Interscholastic Athletics

PARENT PERMISSION FOR INTERSCHOLASTIC ATHLETICS

_____ is given my permission to participate in interscholastic athletics. Participation in athletics may result in injury. We/I assume responsibilities related to such injuries. (This form must be signed and returned to the office before a student will be permitted to practice.)

Athlete's signature

Parent's signature

Student's Legal Name

Grade

School

Address

Male

Female

Date of Birth

Phone No.

Parents or Legal Guardian

This report should be completed by a health care practitioner licensed to perform physical examinations.

History of recent serious illness/surgery

EENT: _____

Lymph Glands _____

Allergies/ Asthma/Hay fever _____

Heart _____

Lungs _____

Current Medication _____

Abdomen _____

Orthopedic _____

Height _____ Weight _____

Scoliosis: Yes _____ No _____ X-rays _____

Blood Pressure _____ Pulse _____

Treatment _____

Lab Work (Optional) _____

Neurological findings _____

Hemoglobin/Het _____

Urinalysis: Sp. gr. _____ Sugar _____

Did you recommend a referral? _____

Albumin _____ Micro _____

Full Activity _____

EXAM X=Normal. Describe impairment:

List Restricted Activites _____

Skin _____

Date of Examination
8/96

Signature

Printed Name
Approved By The Health Services Advisory Committee

Licensure