



Developing Christlike Character
and Academic Excellence

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

Information About Student Athlete

Student's Legal Name

Grade

School

Address

Date of Birth

Gender

Phone No.

Parent(s) or Legal Guardian(s)

Medical Information

This section of the form must be completed by a healthcare practitioner licensed to perform physical examinations.

Date of Examination

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 Activities

Skin

Signature

Printed Name

Licensure