



Athletic Participation and Medical Form

(Page 1 of 2 - Please complete both pages)

Name: _____ D.O.B. _____ Grade: _____

Parents' Name: _____

Address: _____ City: _____ State: _____

Day/Work/Cell Phone (Parent 1): _____ Home Phone: _____

Day/Work/Cell Phone: (Parent 2): _____ Home Phone: _____

In case of emergency and parents cannot be reached, please contact: _____

Emergency contact phone: _____

Student's Physician: _____ Phone: _____

Student's Insurance Company: _____ Policy #: _____

As parent/guardian, I give permission for my child's participation in athletic events and to travel with the team for athletic events.

In the event of a medical emergency, I give The Montessori School of Raleigh permission to authorize necessary medical care if I cannot be reached or if the situation warrants immediate action.

Signature: _____ Date: _____

Warning about the Inherent Dangers of Sports

Student athletes and parents should be aware that all sports, will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in a sport, and care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods and common sense.

Student Athlete's Name: _____

1. Has anyone in athlete's family died suddenly before? _____
2. Has athlete ever stopped exercising due to dizziness or passed out during exercise? _____
3. Does the athlete have a heart murmur? _____
4. Has the athlete ever had a bone broken or a joint injury? _____
5. Does the athlete have a history of concussion? _____
6. Has the athlete ever suffered a heat related illness? _____
7. Does the athlete have a chronic illness? _____ If yes, describe: _____
8. Does the athlete take medication? _____ If yes, describe: _____
9. Is the athlete allergic to any medication or bee stings? _____ Please list: _____
10. Date of last tetanus booster: _____

Examination:

1. BP: _____ WT: _____ HT: _____ Vision(R) _____ (L) _____

2. Cardiovascular Exam: Normal Abnormal Comments:

Murmur: YES NO Describe:

3. Musculoskeletal Exam: Record and laxity, weakness, instability, decreased ROM in each:

Knee: Normal Abnormal

Ankle: Normal Abnormal

Shoulder: Normal Abnormal

Indicate other problems: _____

4. Optional Exams: To be completed if history is positive:

ENT: Normal Abnormal Chest: Normal Abnormal Abdomen: Normal Abnormal

Skin: Normal Abnormal

5. Assessment: _____

6. Recommendations: _____

Unlimited:

Limited to:

Deferred until:

I CERTIFY THAT I HAVE EXAMINED THE ABOVE STUDENT AND THAT EXAMINATION REVEALED: Conditions / No Conditions THAT WOULD PREVENT THIS STUDENT FROM PARTICIPATION IN INTERSCHOLASTIC SPORTS.

Are you licensed to practice medicine in the US? Yes No

Physician's Signature: _____ Date: _____