



**POPE JOHN PAUL II
PREPARATORY SCHOOL**

Medical Eligibility Form

Name: _____ Date of Birth: _____
Grade: _____

Medical History:

Chronic Medical Conditions: _____
Allergies: _____
Current Medications: _____
Previous diagnosed head injury or concussion (date and details of injury): _____

Physical Examination:

Conditions identified that are relevant to athletics or other school activities:

Is this child able to participate in the following:

Classroom/Academic Activities	YES	NO	OTHER
Physical Education Classes	YES	NO	OTHER
Student Life/House Activities	YES	NO	OTHER
Athletic Programs	YES	NO	OTHER

If other, please explain:

I have examined the student named on this form and completed the preparticipation physical evaluation. The student does not have apparent clinical contraindications to practice and participate in the activities as outlined on this form. A copy of the physical examination findings are on record in my office or school nurse's office and can be made available to the school at the request of the parents.

Physician's Signature: _____ Date: _____

By signing this form, I give permission for my child to engage in all Pope John Paul II Preparatory School athletic, physical education, student activities, House games and extracurricular activities for the year. I release Pope John Paul II Preparatory School and its representatives from all liability for injury resulting from participation.

Parent/Guardian Signature: _____ Date: _____