

### URBAN ATHLETICS PHYSICAL FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

#### FOR PHYSICIAN'S USE ONLY (you may attach your own form)

Medical Classifications (check one)

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for: \_\_\_\_\_
- Not cleared
  - Pending further evaluation
  - For any sports
  - For certain sports: \_\_\_\_\_

Special Recommendations: \_\_\_\_\_

Recheck Date: \_\_\_\_\_

Examining Physician \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### PARENT/GUARDIAN – PLEASE FILL OUT THIS PORTION OF FORM

1. Has your child had any broken bones or sprained joints?  Yes  No

If yes, when and what was injured? \_\_\_\_\_

2. Does your child have any physical complaints at the present time?  Yes  No

Please explain: \_\_\_\_\_  
(feel free to further elaborate on the back of this form)

3. Does your child suffer from any of the following:

- Asthma  Convulsions or Epilepsy  Diabetes  Migraines/Chronic Headaches
- Other (please describe) \_\_\_\_\_

#### Over-the-Counter Medication Approval

Urban has a supply of aspirin, acetaminophen and ibuprofen, which are available from the coach. Do you give permission to the coach to administer these over-the-counter medicines at the request of your student while s/he attends Urban School?

Yes  No If you have specific restrictions, please explain: \_\_\_\_\_

***I give permission for this information to be shared with my student's coach/ instructor for health and safety reasons.***

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, please contact the following person(s):

1) \_\_\_\_\_  
Name Emergency Phone #

2) \_\_\_\_\_  
Name Emergency Phone #

