



# PLEASANT VALLEY SCHOOL DISTRICT

Health Services

## Physical Examination Form for Athletic Sports

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian:

Check any of the following medical conditions your child has, please explain below if any of the boxes are checked and list medications.

☐ Asthma ☐ Diabetes ☐ Seizure ☐ Severe Allergies ☐ Concussion ☐ Heart Condition

Explain and/or List medications: \_\_\_\_\_

Does your child have an Emergency Care Plan at school: ☐ YES ☐ NO

### Parent/Guardian Signature

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature. I hereby give consent for a school nurse to communicate with my child's health care provider and counsel school coaching staff.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Licenses Health Care Provider:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: \_\_\_\_\_ Corrected (circle) Y / N Pupils Equal: Y / N

| Medical                         | Normal | Abnormal Findings |                        | Normal | Abnormal Findings |
|---------------------------------|--------|-------------------|------------------------|--------|-------------------|
| General Appearance              |        |                   | Skin                   |        |                   |
| Eyes/Ears/Nose/Throat           |        |                   | <b>Musculoskeletal</b> |        |                   |
| Lymph Nodes                     |        |                   | Neck                   |        |                   |
| Cardiovascular                  |        |                   | Back                   |        |                   |
| Heart Rate                      |        |                   | Shoulder/Arm           |        |                   |
| Rhythm                          |        |                   | Elbow/Forearm          |        |                   |
| Murmur                          |        |                   | Wrist/Hand/Fingers     |        |                   |
| Femoral Pulses                  |        |                   | Hip/Thigh              |        |                   |
| Lungs                           |        |                   | Knee                   |        |                   |
| Abdomen (Liver, Spleen, Masses) |        |                   | Leg/Ankle              |        |                   |
| Genitourinary (Male Only)       |        |                   | Foot/Toes              |        |                   |

### Clearances

- ☐ Cleared for all sports without restrictions  
☐ 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: \_\_\_\_\_

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

### Health Care Provider Signature

I have examined the above-named student and completed the physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the health care provider may rescind the clearance until the problem is resolved.

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

MD, DO, PA, or NP

For School Use Only

Reviewed by:

☐ School Nurse

Initial \_\_\_\_\_ Date \_\_\_\_\_

Providers Stamp and State License #



# PLEASANT VALLEY SCHOOL DISTRICT

## Health Services Department

### Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release

|                                         |                 |             |
|-----------------------------------------|-----------------|-------------|
| Student name:                           | Sex: M F        | Birth date: |
| Parent or legal guardian (Please print) | Student address |             |
| School                                  | Grade           |             |

### Acknowledgement and Assumption of Potential Risk

I authorize my son/daughter, named above, to participate in the sport/athletic event or activity, I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- |                                          |                     |
|------------------------------------------|---------------------|
| 1. Sprains and strains                   | 6. Disfigurement    |
| 2. Fractured bones                       | 7. Head injuries    |
| 3. Lacerations, abrasions, and avulsions | 8. Loss of eyesight |
| 4. Unconsciousness                       | 9. Death            |
| 5. Paralysis                             |                     |

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary and as such is not required by the District.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I agree to, and do hereby release and hold the District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity.

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Potential Risk" form and that I understand and agree to its terms.

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone