

Student Name: _____ School: _____ Grade: _____

Address: _____ Date of Birth: _____ Sex: _____

Phone Number: _____ Cell Number: _____

Parents or Guardian's Permission and Release

I hereby give my consent for the above named student to represent his or her school in competitive sports except those indicated on this form by examining physician. I also give my consent for the student to accompany the school team on any of its local or out-of-town trips. The Central Unified School District Board of Education has no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurse, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, then the parents/guardians do hereby release and forever discharge such person and the Central Unified School District Board of Education from any liability arising out of any first aid or immediate treatment of injuries.

Health History: To be completed by the Parent/Guardian (Answer "Yes" or "No" Only)

	Yes	No		Yes	No
1. Chronic/Recurring Illness	_____	_____	20. Heart murmur/rhythm problem	_____	_____
2. Hospitalization or surgery	_____	_____	21. Physician limiting participation due to heart problems	_____	_____
3. Under care of physician	_____	_____	22. Problem with blood/anemia	_____	_____
4. Currently taking any medication	_____	_____	23. Problem with liver, spleen or kidneys	_____	_____
5. Organs missing/removed	_____	_____	24. Mononucleosis within last year (If yes, month/year _____)	_____	_____
6. Easily overheated	_____	_____	25. Hernia	_____	_____
7. Heat stress/exhaustion/stroke	_____	_____	26. Neck/back/spine injury or pain	_____	_____
8. Injuries under care of physician	_____	_____	27. Hand/wrist/arm injury or pain	_____	_____
9. Headaches	_____	_____	28. Knee/hip injury or pain	_____	_____
10. Head injury & loss of consciousness	_____	_____	29. Foot/ankle/leg injury or pain	_____	_____
11. Concussions (If yes, how many _____)	_____	_____	30. Sudden death of family member before age 50	_____	_____
12. Dizziness/fainting	_____	_____	31. Cancer	_____	_____
13. Seizures/epilepsy	_____	_____	32. Recent weight loss or gain	_____	_____
14. Diabetes	_____	_____	33. Immunizations current	_____	_____
15. Vision problems	_____	_____	34. Tetanus shot (If yes, what year _____)	_____	_____
16. Glasses/contacts	_____	_____	35. Ringworm	_____	_____
17. Asthma/wheezing/inhaler	_____	_____	36. High blood pressure	_____	_____
18. Allergies: pollen, stinging insects, food	_____	_____	37. (For females) Age at onset of period _____	_____	_____
19. Chest pain/dizziness with exercise	_____	_____	38. (For females) Period regular or irregular	_____	_____

Please describe any "YES" answers or list anything not mentioned:

An athletic physical arranged by the school district is not a complete physical examination. It is a screening to detect obvious impairments that might affect the student's safety in sports participation. This evaluation should not be used as a substitute for regular health maintenance examinations with your personal physician.

Verified by: **PARENT/GUARDIAN SIGNATURE** _____ Date: _____

PHYSICAL SCREENING

HT _____ WT _____ BP _____ Eyes _____ Pulse (resting) _____ (after exercise) _____

General _____ Chest _____ Heart _____ Abdomen _____

GU/Hernia _____ Neck/Back _____ Extremities _____

Limitations: Yes _____ No _____ (If "yes" list limitations in the comments area below)

Comments:

I verify that _____ has been examined by me on _____
(Student's Name) (Date)

To the best of my knowledge, the above named student is physically able to participate in interscholastic athletics.

Physician/Practitioner Name (please print or type)

Physician/Practitioner Signature