

PHYSICIAN PHYSICAL EXAM

(to be filled out and signed by examining physician)

STUDENT NAME _____ SCHOOL _____
 AGE _____ HEIGHT _____ WEIGHT _____ VISION RT _____ CONTACTS _____
 EARS RT _____ LT _____ HEARING _____ ABDOMEN _____
 HERNIA _____ GENITALIA _____ SKIN _____
 SPINE _____ UPPER EXTREMITY _____ LOWER EXTREMITY _____
 URINE ANALYSIS _____ OTHER _____

I hereby certify that I have on this date examined the above named student and find him/her physically able to participate in interscholastic athletics, intramural activities and physical education classes, with exception to restrictions listed below.

NAME OF PHYSICIAN _____ PHYSICIAN'S SIGNATURE _____ DATE _____

RESTRICTIONS

Parent waiver if one physical is on file during students 3 years at school

SIGNATURE OR PARENT/GUARDIAN _____ DATE _____

MEDICAL HISTORY

(to be filled out and signed by parent)

HAS THIS SON/DAUGHTER EVER HAD OR NOW HAVE THE FOLLOWING:

YES	NO	Check each item	YES	NO	Check each item	YES	NO	Check each item
		Allergy			Fainting (Frequent)			Mumps
		Anemia			Heart Murmur			Pneumonia
		Arthritis			Hepatitis			Polio
		Asthma			Hernia			Rheumatic Fever
		Chicken Pox			Hives			Sinus Trouble (Severe)
		Concussion			Kidney Trouble			Sore Throats (Chronic)
		Diabetes			Measles			Tuberculosis
		Eczema			Menstrual Cramp (Severe)			Valley Fever
		Emotional Problems			Migraine Headaches			Whooping Cough
		Epilepsy			Mononucleosis			Others

OPERATIONS: _____ Nature _____ Year _____ Nature _____ Year _____

FRACTURES: _____ Nature _____ Year _____ Nature _____ Year _____

SPRAINS OR DISLOCATIONS: _____ Nature _____ Year _____ Nature _____ Year _____

Do you have or require any of the following:

Special Diet? Yes No Physical conditions that would limit activity? Yes No

Has the student had surgery or a serious illness in the past year? Yes No

If the answer is yes to any of the above, give full particulars of each. (Please attach an explanation)

If student has had prolonged absences from school, state why and when:

If student is now under medical treatment, why and the doctor's name:

Sport from which student is to be excluded:

Dates of last: Tetanus Booster _____ Chest X-Ray _____ Small Pox Vaccination _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ALPINE SCHOOL DISTRICT ATHLETICS

(All items in each section of both sides of this sheet to be completed prior to issuance of athletic gear and participation)

SCHOOL _____ DATE _____ COACH _____
STUDENT _____ BIRTH DATE _____ PARENT/GUARDIAN _____
ADDRESS _____ PRIM. CARE PHYS. _____ PHONE _____
HOME PHONE _____ WORK PHONE# _____ FRIEND/RELATIVE PHONE _____
INSURANCE CO. _____ POLICY # _____ HOSPITAL _____
MEDICATIONS ON: _____ ALLERGIES TO MEDICATIONS: _____

CONSENT FOR ATHLETIC EMERGENCY CARE

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

Yes, I give my consent

No, I do not give my consent

SIGNATURE OF PARENT/GUARDIAN

DATE

PARENT OR GUARDIAN'S PERMISSION TO PARTICIPATE

(To be signed by the parent and student)

STUDENT NAME _____

GRADE _____

I hereby give my consent for the above named student to compete in the Alpine School District approved sports circled below:

BASEBALL	FOOTBALL	SOFTBALL	VOLLEYBALL
BASKETBALL	GOLF	TENNIS	WRESTLING
CROSS COUNTRY	SOCCER	TRACK/FIELD	OTHER _____

I/We acknowledge that he/she will engage in all activities related to the team including trying out, practicing, playing and travel. I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/we have read and understand this warning.

I/We hereby agree to exonerate and save harmless the Alpine School District, its agents, servants and employees, including coaches, trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to the sports indicated above.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF STUDENT/ATHLETE

DATE