

**PREPARTICIPATION PHYSICAL EVALUATION**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not Cleared for: \_\_\_\_\_ all sports \_\_\_\_\_ certain sports: \_\_\_\_\_ reason: \_\_\_\_\_

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

**EMERGENCY INFORMATION**

ALLERGIES: \_\_\_\_\_

SIGNIFICANT HEALTH CONCERNS: \_\_\_\_\_

Does student have an inhaler or epi- pen? \_\_\_\_\_

Medications student is taking: \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_

Immunizations (DTaP, Polio, MMR, Varicella, Tdap, meningococcal)

Up to Date (See Attached)

Not Up to Date: Specify: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK**

I give permission for \_\_\_\_\_ (name of student), to participate in any of the following sports that are not crossed out.

Baseball      basketball      cheerleading      cross country      football      golf      lacrosse      soccer  
softball      tennis      track      volleyball      ice hockey      other: \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with participation in sports comes risk of injury to my student. I understand that such risk is inherent in play and practice for all sporting activities and during transportation to and from play and practice. With this knowledge in mind, I grant permission for my student to participate in the sport and travel with the team. I understand that if I have any questions about the risks involved in these activities, I will contact the school to get more information.

**EMERGENCY PERMISSION**

In the event I cannot be reached in an emergency, I give permission for my child to be taken to the hospital for treatment. I also give permission for the hospital to provide necessary treatment to my child until I the parent or Guardian can be contacted.

Parent/Guardian Name: \_\_\_\_\_ phone number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ phone number: \_\_\_\_\_

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