Student-Athlete's name _____

Family Physician _____Phone #_____

1. Has student had any injuries requiring medical attention?.....Yes No
2. Has student had any illness lasting more than one week?.....Yes No
3. Is student now under a physician's care for an ongoing problem?.....Yes No
4. Does student take any medications?..... Yes No
5. Does student wear glasses?..... Yes No
6. Does student wear contact lenses?..... Yes No
7. Has student had any surgeries?.....Yes No
8. Has student ever been hospitalized?..... Yes No
9. Does student have any known allergies to medications?..... Yes No
10. Know of any reason why student should not participate in all sports?..... Yes No
11. Date of last tetanus booster _____

Please explain any "Yes" answers to the above questions._____

_____

_____

Physical Examination:

Height _____ Vision Right 20 / _____

Weight _____ Left 20 / _____

Pulse _____and B.P. _____ Both 20 / _____

	WNL	Abnormal	Explanation
General Appearance			
Eyes			
Ears			
Lungs			
Heart			
Abdomen			
Hernia Check			
Liver			
Spleen			
Musculoskeletal			
Skin			
Genitalia			

Laboratory:

Urinalysis:	Hematocrit (if indicated)

I have examined the above student nd found him / her fit for athletic practice and competition.

Doctor's signature_____Date_____

Consent for Emergency Treatment in Advance of Need

Please print all information

Athlete's Full Name _____

Birthdate _____ Personal Doctor _____ Allergies _____

Other medical Problems _____

_____

_____

_____

Parent/Guardian Address _____ Contact Phone # _____

_____ Cell Phone # _____

Parent/Guardian #1 work address _____ Phone# _____

Parent/Guardian #2 work address _____ Phone # _____

We, the parents/guardians of the above listed athlete, do here by consent to any and all emergency medical, hospital, and surgical care that may be deemed necessary by physician, without obtaining further consent, provided that the hospital is unable to reach either fo us at the phone numbers listed.

Today's date _____ Father's /Guardian signature _____

and/or

Mother's / guardian's signature _____