

**Southgate Public School
6 William F. Blatt Ave.
Southgate, KY 41071
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Athletic Participation/Parental Consent/Physical Examination Form

PART I - ATHLETE INFORMATION

Name: _____ Age: _____ Grade: _____ Exam Date: _____

Home Address: _____
(Street) (City, State, zip)

Date of Birth: _____ SSN _____ Birth Place (County, State): _____

I am planning to participate in the following (circle all you might try to play):

- | | | | | | |
|-----------|--------------|--------------|---------------|----------|------------|
| Baseball | Basketball | Cheerleading | Cross Country | Football | Golf |
| Soccer | Softball | Swimming | Tennis | Track | Volleyball |
| Wrestling | Other: _____ | | | | |

PART II - MEDICAL HISTORY

This form must be completed by parent and athlete prior to the time of the physical exam and presented to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery of any kind (e.g., tonsillectomy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, or other insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems before 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rashes, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure or suffer from epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had heat related problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you cough heavily, or breathe heavily during activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any special equipment (e.g., knee brace)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you missing one of any paired organs (e.g., eyes)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been diagnosed with any form of asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you using an inhaler for asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you administer insulin to yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you presently using tobacco in any form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have a history of sickle-cell anemia in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you had any other medical problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a medical problem or injury within the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Can you swim? | <input type="checkbox"/> | <input type="checkbox"/> |

20. When was your last tetanus shot? _____

Please explain any YES answers from questions 1-18. _____

Please list any health problems/concerns your child may have, including allergies (medications/others) and any medications presently being used: _____

Athletic Participation/Parental Consent/Physical Examination Form (cont'd)

PART III - PHYSICAL EXAMINATION

NAME: _____ SEX _____ GRADE _____

DATE OF EXAMINATION: _____

HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____

VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdomen			
Genitalia – Hernia check			
Musculoskeletal			
Neck			
Shoulders			
Elbows			
Wrists			
Hands			
Back			
Knees			
Ankles			
Feet			
Dental			
Other			

I have reviewed the data above, reviewed the student's medical history and make the following recommendations on participation in athletics:

1. Cleared _____
2. Cleared after additional evaluation for _____
3. Restricted from participating in the sports of _____
4. Cleared to participate in the sports of _____

Recommendations/Restriction _____

I have examined the physical condition of the student and find the said pupil to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____ Date _____

Authorized Provider's Name (please print) _____ Phone _____

PART IV - ACKNOWLEDGMENT OF RISK, STATEMENT OF HAZARDS IN PARTICIPATION IN ATHLETICS, PARENTAL CONSENT and EMERGENCY PERMISSION FORM

The student athlete and the parent/guardian should read this statement carefully. You should be aware that playing or practicing to play or helping with or participating in any manner in any sport can be a dangerous activity involving many risks of injury. The dangers and risks of playing, practicing to play, helping or participating in sports include, but are not limited to, death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well being. Because of the dangers of participating in sports, the student should recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and obey such instruction.

I am aware of the risk of a wide range of injuries to my child as a result of participation in sports, with contact sports having a higher risk. I give consent for my son/daughter to represent his/her school in interscholastic athletic contests for one calendar year from the date of this physical examination. I understand this **must** be done before my child practices or participates in any sports. I also understand the personal safety of the student is of first importance to the school. In event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment.

Signature of Parent/Guardian _____ Date _____