

DATE \_\_\_\_\_

ST.ANTHONY \_\_\_\_\_ STS.PETER & PAUL \_\_\_\_\_ WEST CATHOLIC \_\_\_\_\_ SACRED HEART OF JESUS \_\_\_\_\_

**ATHLETIC PHYSICAL AND PARENTAL CONSENT FORM**

**PART 1 STUDENT INFORMATION AND PARENTAL CONSENT**

To be completed by parent/guardian.

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE ENTERING IN THE FALL \_\_\_\_\_

Is this child subject to any of the following conditions:

	YES	NO	EXPLANATION
Epilepsy	_____	_____	_____
Fainting	_____	_____	_____
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Heart Disease	_____	_____	_____
Other	_____	_____	_____

MEDICATIONS \_\_\_\_\_

I hereby give my consent for my son/daughter to participate in athletics for the 2003-04 school year. I am fully aware of the risks inherent in athletics and hereby waive any or all rights of claims for damages arising from injury and/or death while participating under this agreement and expressly relieve St.Anthony/Sts.Peter and Paul/West Catholic/Sacred Heart of Jesus School or any affiliated member of these establishments from all liability.

All athletes MUST have some form of hospitalization insurance. We have insurance with:

Insurance Co. and Group Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**PART 2 PHYSICAL EXAMINATION To be completed by the physician.**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

	NORMAL	OTHER
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Skin	_____	_____
Neck	_____	_____
Chest	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Posture	_____	_____
Hernia (males only)	_____	_____

I have examined the above named student and in my opinion he/she may participate in all school organized athletics except for restrictions listed: NONE \_\_\_\_\_ OTHER \_\_\_\_\_

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