

**St. Mary's Academy High School
PHYSICAL EXAMINATION AND PARENT PERMIT FOR
ATHLETIC PARTICIPATION 2011-2012**

Last Name First Middle Exam Date (good for 365 days)

Date of Birth: _____ Grade: _____

History: Does this child have a history of any of the following? Check if yes.

Allergies: _____ Diabetes: _____ Hearing Problem: _____
Asthma: _____ Ear Infections: _____ Heart Disease: _____
Bronchitis: _____ Emotional Problems: _____ Migraines: _____
Cerebral Palsy: _____ Epilepsy/Convulsions: _____ Orthopedic Defects: _____

List significant illnesses, accidents, operations, congenital defects, or emotional problems:

Exposure to TB: Yes _____ No _____ TB Screen Date: _____

Date of Last Tetanus Shot: _____ Dental Defects: _____

Vision: Right _____ Left _____ Hearing: Right: _____ Left: _____

I have reviewed medical history and the data above, and make the following recommendation for participation in athletics.

_____ CLEARED WITHOUT RESTRICTION _____ CLEARED FOR LIMITED PARTICIPATION

Not cleared for specific sports (please list): _____ Reasons:

I HEREBY CERTIFY THAT I HAVE EXAMINED _____ ON _____ AND THAT THE STUDENT WAS FOUND PHYSICALLY FIT TO ENGAGE IN HIGH SCHOOL SPORTS (except above).

DATE PHYSICIAN SIGNATURE PHYSICIAN NAME (PRINT)

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this Permission Form we acknowledge that we have read and understood this warning, and it allows my daughter's medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for St. Mary's Academy and may participate in all sports, except the following: _____.

Parent or Guardian Signature Date