

**BENNETT HIGH SCHOOL  
PHYSICIAN AND PARENT PERMIT FOR ATHLETIC PARTICIPATION**

I hereby certify that I have examined \_\_\_\_\_ and that the student athlete was found physically fit to engage in high school baseball, basketball, cross country, football, golf, gymnastics, ice hockey, skiing, soccer, softball, swimming, tennis, track and field, volleyball, and wrestling. (Please circle any sport in which the student athlete should not participate.)

Student's birth date \_\_\_\_\_

Date \_\_\_\_\_ (Valid for 365 days unless rescinded)

**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 that may range in severity from minor to long-term catastrophic injury.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.**

By signing this Permission Form, we acknowledge that we have read and understand this warning. **Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for Bennett High School in Colorado High School Activities Association approved sports except as crossed out below.

Baseball, Basketball, Cross Country, Football, Golf, Gymnastics, Ice Hockey, Skiing,  
Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his/her parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics and that he/she has the consent of his/her parent or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician's assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The Colorado High School Activities Association urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

**PHYSICIAN SIGNATURE REQUIRED ON BACK**

**TO BE COMPLETED BY STUDENT AND/OR PARENT**

**HISTORY**

Date \_\_\_\_\_ Personal Physician \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_

- Explain "Yes" answers below:
- Have you ever been hospitalized? Yes  No   
 Have you ever had surgery? Yes  No
  - Are you presently taking any medications or pills? Yes  No   
 Do you have any allergies (medicine, bees or other stinging insects)? Yes  No
  - Have you ever passed out during or after exercise? Yes  No   
 Have you ever been dizzy during or after exercise? Yes  No   
 Do you tire more quickly than your friends during exercise? Yes  No   
 Have you ever had chest pain during or after exercise? Yes  No   
 Do you tire more quickly than your friends during exercise? Yes  No   
 Have you ever had high blood pressure? Yes  No   
 Have you ever been told you have a heart murmur? Yes  No   
 Have you ever had racing of your heart or skipped heartbeats? Yes  No   
 Has anyone in your family died of heart problems or a sudden death before age 50? Yes  No
  - Do you have any skin problems (itching, rashes, acne)? Yes  No   
 Have you ever had a head injury? Yes  No   
 Have you ever been knocked out or unconscious? Yes  No   
 Have you ever had a seizure? Yes  No
  - Have you ever had a stinger, burner or pinched nerve? Yes  No   
 Have you ever had heat or muscle cramps? Yes  No
  - Have you ever been dizzy or passed out in the heat? Yes  No   
 Do you have trouble breathing or do you cough during or after activity? Yes  No
  - Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.)? Yes  No
  - Have you had any problems with your eyes or vision? Yes  No   
 Do you wear glasses or contacts or protective eyewear? Yes  No
  - Have you ever sprained/strained, dislocated, fractured, broken, or had repeated or other injuries of any bones or joints? Yes  No   
 Head  Shoulder  Thigh  Neck  Elbow  
 Knee  Chest  Foot  Forearm  Shin/Calf  
 Back  Wrist  Ankle  Hip  Hand
  - Have you had any other medical problems (infectious mononucleosis diabetes, etc.)? Yes  No
  - Have you had a medical problem or injury since your last evaluation? Yes  No
  - When was your last tetanus shot? Yes  No   
 When was your last measles immunization? Yes  No
  - When was your first menstrual period? Yes  No   
 When was your last menstrual period? Yes  No   
 What was the longest time between your period last year? Yes  No

Explain "Yes" answers:

I hereby state to the best of my knowledge my answers to the above questions are correct.

Date \_\_\_\_\_  
 Signature of Student Athlete \_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN'S OFFICE**

**PHYSICAL EXAMINATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ G  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils \_\_\_\_\_ G

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			

Tanner Stage	1	2	3	4	5
Skin					
Abdominal					
Genitalia					
Musculoskeletal					
Neck					
Shoulder					
Elbow					
Wrist					
Hand					
Back					
Knee					
Ankle					
Foot					
Other					

**CLEARANCE**

- A. Cleared  
 B. Cleared after completing evaluation/rehabilitation for \_\_\_\_\_

- C. Not cleared for  
 Collision  
 Contact  
 Non-contact \_\_\_\_\_ Strenuous  
 \_\_\_\_\_ Moderately Strenuous  
 \_\_\_\_\_ Non-strenuous

**RECOMMENDATION**

Name Physician/P.A./Nurse Practitioner/Certified Registered Chiropractor \_\_\_\_\_

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Signature M.D./D.O., P.A., N.A., D.C.-SPC# \_\_\_\_\_  
 Date \_\_\_\_\_