



Sports Consent Form (Grades 5-8)

Student Name _____ Grade Entering _____ Birth Date _____

For the health and safety of the child, this medical examination and consent form must be completed and filed with the school office before a student may take part in interscholastic athletics, tryouts or any practices. **(Valid one year from date signed.)**

I hereby give my consent for the above student to compete in Interscholastic League approved sports, and go with the coach or other representative of the school on any trips. The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. It is understood that neither the Interscholastic League nor the School assumes any responsibility in case an accident occurs. The under signed agrees to be financially responsible for the safe and prompt return of all athletic uniforms and equipment issued to the above named student.

Signature of Parent/Legal Guardian _____ Date _____

MEDICAL EXAMINATION

Height _____ Weight _____ Body Type (Maturation status) _____
Hearing - Left Ear _____ Right Ear _____ Sight - Left Eye _____ Right Eye _____
Ear, Nose, Throat _____ Heart _____ Blood Pressure _____ Lungs _____
Joint Function - Shoulders _____ Elbows _____ Hips _____ Knees _____ Feet _____
Wrist _____ Ankles _____ Hands _____ Dental (Cavities/Prosthetics) _____
Skin (Fungus? Staph?) _____ Neuro-Muscular _____
Genito-Urinary _____ Hernia _____
Acanthosis Nigricans Screening _____ Results _____

PREVIOUS HISTORY

- Allergies Bone or Joint Disease and/or Injury Epilepsy Unconsciousness
- Head Injury Heart Disease Hypertension
- Diabetes Renal Disease and/or Injury Emotional Disturbances

Explain _____

Is student taking any medication routinely? No Yes Explain _____

6th Grade Students (State Requirement) - Scoliosis Screening _____ Result _____
Last MMR _____ Last Tetanus Immunization _____

I certify that on this date I have examined the above student as indicated by items checked and recommend him/her as being physically able to participate in the supervised athletic activities listed below EXCEPT: (Please circle the activities the student may NOT participate in.)

Basketball Volleyball Football Running/Track Baseball/Softball Soccer Cheer Tennis

Physician's Signature _____ Date _____