



# 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 \_\_\_\_\_

**6<sup>th</sup> 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 all supervised athletic activities EXCEPT: (Please list any sports the student should NOT participate in.)***

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_