

Emmanuel Christian School Athletic Physical Form

2017-2018 Sports Seasons

PLEASE COMPLETE BOTH SIDES

Form must be COMPLETED AND SIGNED. Failure to do so will result in student being denied participation to practice and/or compete. Form must be turned in to the Athletic Office before tryouts. **This is a two page form; COMPLETE BOTH SIDES.**

I. Student Information Section (Please Print) Sport(s) played _____

Name _____ M _____ F Date of Birth _____

Home Phone _____ 2017-2018 School Year Grade _____

Address _____ City, State, Zip _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

Circle YES or NO:

- YES NO (1) Family members under 50—heart attack or heart problems?
- YES NO (2) Medications currently being taken? _____ What? _____
- YES NO (3) Medical conditions currently under treatment?
- YES NO (4) Allergies (Drugs/food/clothing/medications/insects/ice)?
- YES NO (5) Have you ever had an illness, condition or injury that:
 - YES NO (a) required hospital overnight, emergency room, x-rays?
 - YES NO (b) required an operation?
 - YES NO (c) caused you to see a doctor?
 - YES NO (d) caused you to miss several games or practices?
- YES NO (6) Birth deformities (one kidney, etc)?
- YES NO (7) Any permanent deformity or disability?
- YES NO (8) Mental disorder or convulsions?
- YES NO (9) Fractures or other disabling injuries?
- YES NO (10) Have you ever "passed out" or been "knocked out"?

II. PHYSICAL BY LICENSED MEDICAL DOCTOR

PHYSICIAN'S

NOTES: _____

BP _____ PULSE _____ HT _____ WT _____

SKIN _____ EYES R 20/ _____ L 20/ _____

CARDIOVASCULAR _____

RESPIRATORY _____

ABDOMINAL EXAM _____

SPINE _____

LIVER _____ SPLEEN _____ HERNIA _____

MUSCULAR/SKELETAL _____ GENITALIA _____

DOCTOR'S DISPOSITION: CLEARED FOR PRACTICE/GAMES _____

REQUIREMENTS

I CERTIFY THAT I HAVE ON THIS DATE EXAMINED THIS STUDENT AND FIND HIM / HER PHYSICALLY ABLE TO COMPETE IN SUPERVISED ACTIVITIES NOT CROSSED OUT BELOW:

Soccer Volleyball Cheerleading Tennis Basketball Baseball Softball Golf

PHYSICIAN SIGNATURE _____ DATE _____

EMMANUEL CHRISTIAN SCHOOL

CONSENT FOR MEDICAL TREATMENT

_____ HAS MY PERMISSION FOR
NECESSARY MEDICAL TREATMENT TO BE ADMINISTERED
DURING THE 2017-2018 SCHOOL YEAR.

PARENT OR GUARDIAN (PRINTED NAME)

PARENT OR GUARDIAN (SIGNATURE)

INSURANCE COMPANY _____

GROUP # _____

PARTICIPATION # _____

ALLERGIES _____

OTHER COMMENTS

Please Check One:

I give permission for my child to ride on approved ECS transportation for athletic events.

I do not give permission for my child to ride on approved ECS transportation for athletic events.