

# Emmanuel Christian School Athletic Physical Form

2018-2019 Sports Seasons

PLEASE COMPLETE BOTH SIDES

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**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 \_\_\_\_\_ 2018-2019 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:

Cross Country Soccer Volleyball Cheerleading 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 2018-2019 SCHOOL YEAR.

PARENT OR GUARDIAN (PRINTED NAME)

\_\_\_\_\_

PARENT OR GUARDIAN (SIGNATURE)

\_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_

PARTICIPATION # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

OTHER COMMENTS

\_\_\_\_\_

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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.