

\_\_\_\_\_  
(STUDENT'S LAST NAME)

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
(MIDDLE)

**PHYSICIAN STATEMENT:** I hereby certify that the above named student is physically fit to engage in sports.

( SIGNATURE) \_\_\_\_\_ ( DATE) \_\_\_\_\_

(TITLE) \_\_\_\_\_ (STATE LICENSE) \_\_\_\_\_

**Does the student have an injury or physical condition that should be watched? If yes, please list:** \_\_\_\_\_

**PARENTS TO COMPLETE:**

**If the student has health or accident insurance, other than C.I.P.F., list company name, policy number, and local claims address:**

\_\_\_\_\_  
(COMPANY NAME)

\_\_\_\_\_  
(POLICY NUMBER)

\_\_\_\_\_  
(CLAIMS OFFICE ADDRESS)

**I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In the event this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.**

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

(OVER)

### EMERGENCY NOTIFICATION- Order of Notification

In the event of an accident or emergency involving your child, school authorities place his/her welfare above all other considerations. Please list below the order of notification should a school official/doctor/hospital need to get hold of you regarding your child. (Include day and evening phone numbers.)

①Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_

②Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_

③Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_

④Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

### STUDENT HEALTH INFORMATION

Name Of Physician: \_\_\_\_\_ Medical Group: \_\_\_\_\_ Phone: \_\_\_\_\_

❶ Is your child being seen (currently/or in the past 6 months) by a physician?  YES  NO

❷ Has your child had any surgeries in the past five years?  YES  NO

If yes, please indicate type of surgery and approx. date: \_\_\_\_\_

❸ Does your child have a medical condition that needs to be watched by school officials?  YES  NO

If yes, please list the condition: \_\_\_\_\_

❹ Is your child currently taking any medication prescribed by a physician?  YES  NO

If yes, please list name(s) of medication : \_\_\_\_\_

❺ Will your child be taking any medication during athletic practice, games, etc.  YES  NO

If yes, please list name(s) of medication: \_\_\_\_\_

**Please be advised that all medication taken at school and school events requires a medication form completed by a physician/dentist and parent/guardian before student can be administered medication.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian