

St. Stephen School

To Love, To Inspire – To Achieve!

Discipleship Embodied • Partnership Embraced • Scholarship Celebrated • Leadership Modeled • Citizenship Personified

SPORTS MEDICAL RELEASE FORM 2010 ~ 2011

Name: _____ **Phone#** _____

Sex: M _____ F _____ **Date of Birth:** _____ **Grade:** _____

Ht _____ **Wt** _____ **B/P** _____ **P** _____

Is there history of:

Diabetes _____
Epilepsy _____
Seizures _____
Asthma _____
Hernia _____
Heart Disease _____

Fracture _____
Dislocation _____
Knee Problems _____
Other Joints _____
Operations _____
Lung Disease _____
Date of last Tetanus Shot _____
Regular Medications _____

Allergy:

Pollen _____
Insect _____
Drugs _____

Physical Examination (N = Normal; P=Pathology)

Heart _____ Lungs _____
Hernia _____ Abdomen _____
Orthopedic _____ Abnormalities _____
Extremities _____ Tanner Stage _____
Selection Classification _____ (if necessary)

SPORT(S): _____

Remarks: _____

Reason for reject: _____

Indicate any known congenital defects: _____

The above exam shows satisfactory condition to engage in Interscholastic Athletics:

Yes _____ No _____

Date of Exam: _____

Signature of Physician: _____

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_____ has my permission to participate in this sport during the current school year. He/she will be expected to attend all scheduled practices and games. I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

In case of an emergency and I cannot be reached, please call:

Name _____ Phone _____

Relationship to student _____

Name _____ Phone _____

Relationship to student _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child is in good health, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of:

Signature of Parent/Guardian: _____

Date: _____