

OUR SAVIOR LUTHERAN SCHOOL PHYSICAL EXAM AND ELIGIBILITY FORM

ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED BEFORE STUDENT PARTICIPATES IN PRACTICE OR CONTESTS.

I. STUDENT INFORMATION (To be completed by parent/guardian)

PLEASE PRINT

Student Name _____ Sex _____
Last First Middle

Birth Date _____ Grade in Fall _____ Year of Graduation _____

Address _____

City & Zip _____ Home Phone _____

Is student subject to any of the following conditions:

YES NO EXPLANATION

Epilepsy			
Fainting			
Allergies			
Asthma			
Diabetes			
Heart disease			
Head injury, Seizures			
Knocked unconscious			
Other			
Other			

Medications _____

It is the responsibility of the parent or guardian to provide medical insurance coverage for the athlete in case of accidental injury.

Insurance Company _____

Policy Number _____

II. PHYSICAL EXAMINATION (To be completed by a health Professional after April 15 for following school year.)

Weight _____ Height _____ Blood Pressure _____ Pulse _____

	NORMAL	OTHER
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Skin	_____	_____
Neck	_____	_____
Chest	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Posture	_____	_____
Hernia (males only)	_____	_____

I have examined the above named student and in my opinion he/she may participate in all school organized athletics except those listed.

Restrictions _____

Signature of health professional _____ Date _____

PRINT NAME: _____

III. ELIGIBILITY (To be completed by student)

List all school sports teams on which you have competed:

(8th graders list anticipated sports for Grade 8)

Grade	Fall	Winter	Spring
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

NOTE: **This form must be received in the School Office before a student is eligible to participate in any practices or contests.**

All information in each of the four sections must be completed, along with the student, parent, and physician signature in designated areas.

IV. PERMIT TO PARTICIPATE IN ATHLETIC ACTIVITIES (To be signed by parent and student.)

The safety of your son/daughter is a primary concern in athletic participation at Our Savior Lutheran School. All drills and techniques utilized by our athletic coaching staff are to improve athletic skills and not to injure an athlete or opponent.

I am familiar with the common hazards of sports and fully understand the danger associated with them. I hereby release and discharge Our Savior Lutheran School, its agents, employees, and officers, from all liability whatsoever for personal injuries or damage to property arising out of the sports activities on the premises at school or at any location where games or practices are conducted or in transportation to or from practices or contests at other locations.

I understand that I am responsible for all equipment and uniforms issued to my athlete, and I personally guarantee to return it at the close of the season and to make restitution for any undue damage or loss of the equipment.

I hereby state that, to the best of my knowledge, all information given in section I is correct.

I understand this physical exam is specifically for athletic competition and is not a comprehensive health examination involving lab tests, X-rays, etc. If this exam is the school-sponsored exam, it should not replace a periodic physical by your family doctor.

I hereby give my consent for my son/daughter to engage in physical education, intramural, and interscholastic athletics, and to accompany the school team, if a member, to game sites.

I hereby authorize the school/team physician and his designee to administer emergency care or medical treatment to my son/daughter in event of accident, injury, or illness.

Student Signature _____ Date _____

Parent Signature _____ Date _____