

FOWLerville COMMUNITY SCHOOLS

SPORTS PHYSICAL MEDICAL HISTORY

Physicals must be updated EVERY YEAR for the next school year on or after April 15

This form must be filled out completely and on file in the athletic office before participating with any athletic team.

Parent or Guardian Signatures are required in Sections 1, 4, and 5 - Student signatures are required in Section 3

STUDENT'S LAST NAME	FIRST	SEX	GRADE	DATE OF BIRTH	AGE
STUDENT'S STREET ADDRESS		CITY		ZIP	
FATHER'S/GUARDIAN'S NAME		WORK PHONE		MOTHER'S / GUARDIAN'S NAME	
				WORK PHONE	
FAMILY DOCTOR		OFFICE PHONE		HOME PHONE	

INSURANCE STATEMENT & MEDICAL HISTORY – Section 1

Family Insurance Co.

Contract #

Signature of Parent or Guardian

Have you ever had:			Have you ever had:			Do you now have:			Do you now have:		
HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Fainting			Kidney Disease			Painful Joints			Stomach Pains		
Heat Illness			Tuberculosis			Backaches			Headaches		
Rheumatic Fever			Hepatitis			Pounding of Heart			Blackouts		
MRSA			Sickle-Cell Anemia			Shortness of Breath			Fainting		
Broken Bones *			Heart Disease			Frequent Urination			Convulsions		
Neck Injuries			Asthma			Cough			Known Allergies *		
Head Injuries			Diabetes			Nosebleeds			Drug Reactions *		
High Blood Pressure			Blurred Vision			Frequent Sore Throats			* List known Broken Bones, allergies & reactions under comments		
Comments:											

PHYSICAL EXAMINATION – Section 2

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & returned directly to the patient.
(Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL
Back & Neck			Chest			Thyroid		
Lymph Glands			Lungs			Ears		
Upper Extremities			Heart			Nose		
Lower Extremities			Abdomen			Throat		
Teeth			Hernia			Neurologic		
Orthopedic			Genitalia / Testicular Exam			Muscular		
Height:			Weight:			Blood Pressure:		
						Pulse:		
Comments:								

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - COMPETITIVE/SIDELINE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - SOCCER - SOFTBALL - TENNIS - TRACK - VOLLEYBALL - WRESTLING

SIGNATURE OF EXAMINER :	DATE OF EXAM
PRINTED NAME OR STAMP OF EXAMINER	CIRCLE ONE: MD DO PA NP

**FOWLerville COMMUNITY SCHOOLS
STUDENT AND PARENT OR GUARDIAN CONSENT FORM**

PLEASE PRINT:

STUDENT'S COMPLETE LEGAL NAME:	LAST	FIRST	MIDDLE
STUDENT'S DATE OF BIRTH:	PLACE OF BIRTH		
CIRCLE GRADE	07	08	09
	10	11	12
			SCHOOL:

STUDENT PARTICIPATION- Section 3

This application to participate in athletics at Fowlerville High School is voluntary on my part and is made with the understanding that I never received money or merchandise in any amount, or emblematic award worth more than fifteen dollars (\$15) for participating in athletic events, and that I have never competed under an assumed name. After I have represented my high school in any sport, I promise not to compete in any outside athletic contest in this sport until after the high school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies. I have received or been offered a copy of the Fowlerville High School Athletic Code.

X _____
SIGNATURE OF STUDENT **DATE**

PARENT OR GUARDIAN CONSENT - Section 4

As a parent or guardian, I am aware that there is always a potential for the physical injury as a result of participation in inter-scholastic athletics. I hereby give my consent for the above high school student to engage in inter-scholastic athletics at Fowlerville High School in M.H.S.A.A. approved sports during the current school year and to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will assign athletes to ride with SELECTED – APPROVED ADULT DRIVERS to athletic events in privately owned cars. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies. I have received or been offered a copy of the current Fowlerville High School Code.

X _____
SIGNATURE OF PARENT **DATE**

MEDICAL TREATMENT CONSENT & EMERGENCY INFORMATION – Section 5
To be completed by Parent or Guardian (Please print)

I, _____,

parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN

EMERGENCY NUMBER

DATE

**AND
 IN EMERGENCY CONTACT:**

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies _____