

Student's Name: _____ Grade _____

Parent/Guardian: _____ Phone: _____

Address: _____ City/State: _____

Family Doctor: _____ Phone: _____

- 1. Is currently under physician's care Yes ___ No ___
- 2. Takes medication now Yes ___ No ___
- 3. **Carries inhaler for asthma** Yes ___ No ___
- 4. Has had injuries requiring medical attention Yes ___ No ___
- 5. Has had illness lasting more than a week Yes ___ No ___
- 6. Wears glasses/contact lenses (which?) Yes ___ No ___
- 7. Has had a surgical operation Yes ___ No ___
- 8. Has been hospitalized (except for tonsillectomy) Yes ___ No ___
- 9. Do you know of any reason why the student should not participate in all sports? Yes ___ No ___

Please explain any "Yes" answers to above questions:

Date of last rubeola (measles) immunization: _____ Date last tetanus immunization: _____

Has had a dental check-up within the past six (6) months: _____ (date)

ALLERGIES (food, environmental, medication, bee sting, etc.) _____

Significant past illnesses or injuries: _____

Age _____ Height _____ Weight _____ Blood pressure _____

Examination: Satis. Unsatis. Not examined

Vision _____

Hearing _____

Respiratory _____

Cardiovascular _____

Liver, Spleen _____

Kidneys, Hernia _____

Genitalia _____

Examination: Satis. Unsatis. Not Examined

Musculoskeletal _____

Skin _____

Neurological _____

Urinalysis _____

Lab Tests _____

Other _____

I certify that I have examined this student as indicated and find him/her physically able to compete in supervised athletics **NOT MARKED OUT BELOW:**

Boys Sports: Basketball, Cross Country, Football, Track, Wrestling

Girls Sports: Basketball, Cheerleading, Cross Country, Track, Volleyball

*Weight loss permitted to make weight class in wrestling? Yes ___ No ___

(Physician's Signature)

(Examination/Certification Date)

(Physician's Address)

(Phone Number)

***** Athletic physicals are valid on or after May 1st of the current school year ***
(please complete the reverse side)**

EMERGENCY PHONE CONTACT

In case of an accident or injury to your child during the extracurricular programs, we are requesting other phone numbers of parties that you can rely upon to take the authority to give us proper instructions in the event that we are unable to reach you at home.

Student's Name: _____ Grade _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other emergency contact: _____ Phone: _____

I understand that **Chesterton Middle School** will issue to my son/daughter some school equipment for this sport. In addition, I am willing to assume financial responsibility for any such school equipment that my son/daughter loses or fails to return as certified by the coach.

Signature of Parent/Guardian _____ Date _____

To Parent/Guardian:

The form below has been devised in order to inform you that the Duneland School Corporation does not provide insurance coverage for athletes. It must be completed and signed by the parent/guardian of each boy/girl participating in interscholastic sports.

Please complete the following information and have your son/daughter return this form to school.

Student's Name _____

1. My son/daughter is covered by insurance under our family policy.

Company _____ Policy Number _____

Signature of Parent/Guardian _____

OR

2. I will assume full financial responsibility for any athletic injuries to my son/daughter.

Signature of Parent/Guardian _____

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(please complete the reverse side)