PHYSICAL EXAMINATION FORM
(To be completed by Physician annually)

Student Name _____ School _____ Age_____ Sex_____

Height _____ Weight_____ BP_____/_____ Pulse_____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants C Yes C No Explain: _____

GENERAL INFORMATION:

Yes	No	Check each item		Yes	No	Check each item		Yes	No	Check each item
		Allergy				Fainting (frequent)				Mononucleosis
		Anemia				Heart Condition				Mumps
		Arthritis				Hepatitis				Pneumonia
		Asthma				Hernia				Polio
		Chicken Pox				High Blood Pressure				Rheumatic fever
		Concussion				Hives				Sinus Trouble (severe)
		Diabetes				Kidney Trouble				Sore Throats (chronic)
		Eczema				Measles				Tuberculosis
		Emotional Problems				Menstrual cramps (severe)				Whooping Cough
		Epilepsy				Migraine Headaches				Other

Explain: _____

Dates of last:
Tetanus toxoid _____ Measles _____ Polio _____
Diphtheria _____ Mumps _____ Chest x-ray_____
Pertussis _____ Rubella _____

Indicate normal or abnormal, explain any abnormalities below:

Normal	Abnormal			Normal	Abnormal			Normal	Abnormal	
		Abdomen				Hernia				Spine
		Genitalia				Lungs				Lower Extremity
		Heart				Skin				Upper Extremity

Explain: _____
_____

Urine Analysis _____

Operations: (list type and year)
_____

Fractures, Sprains and Dislocations: (list type and year)
_____

If student is now under medical treatment list the reason why and doctor's name:
_____

Sport from which student is to be excluded: _____

_____ _____ _____
Name of Physician (print) Physician's Signature Date

ALPINE SCHOOL DISTRICT ATHLETICS
(ALL SECTIONS ON BOTH SIDES OF THIS SHEET MUST BE
COMPLETED PRIOR TO ISSUANCE OF ATHLETIC GEAR AND PARTICIPATION)

School _____ Date _____ Coach _____

Student _____ Birthdate _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

Friend/Relative _____ Phone _____

Name of personal physician _____ Telephone_____

Personal health/accident insurance carrier _____ Policy No._____

Hospital _____ Medications Allergic to _____

Medications currently taking _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the certified athletic trainer, licensed health-care practitioner and/or hospital to secure proper treatment or care, including ambulance transportation, hospitalization, anesthesia, surgery, or injections of medication for my child in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

It is further understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expenses is not a school responsibility.

CCCYes, I give my consent C No, I do not give my consent

_____	_____	_____
Name of Parent/Guardian (print)	Parent's/Guardian's Signature	Date

PARENT OR GUARDIAN'S PERMIT TO PARTICIPATE
(To be signed by parent and student)

Student's Name _____ Grade _____

I/We hereby give my/our consent for the above named student to compete in the Alpine School District approved sports circled below:

BASEBALL	CROSS COUNTRY	FOOTBALL	SOCCER	SWIMMING	TRACK/FIELD	WRESTLING
BASKETBALL	DRILL TEAM	GOLF	SOFTBALL	TENNIS	VOLLEYBALL	OTHER _____

I/we acknowledge that he/she will engage in all activities related to the team including trying out, practicing, playing and travel. I/we realize that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/we acknowledge that I/we have read and understand this warning.

I/we hereby agree to exonerate and hold harmless the Alpine School District, its agents, servants, and employees, including coaches, trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to the sports indicated above.

_____	_____	_____
Name of Parent/Guardian (print)	Parent's/Guardian's Signature	Date

_____	_____	_____
Name of Student (print)	Student's Signature	Date