

CALVARY EPISCOPAL PREPARATORY
MEDICAL CERTIFICATE AND PARENT'S PERMIT FOR ATHLETICS
For Both Boys and Girls

Return to School Office

Student's Name _____ Date of Birth _____
Month _____ Date _____ Year _____

MEDICAL REPORT

Height _____ Weight _____ Body Type (Maturation Status) _____

Eye, ear, nose, throat _____ Hearing _____

Heart _____ Blood Pressure _____ Lungs _____

Joint Function: Shoulders _____ Elbows _____ Hips _____ Knees _____

Wrists _____ Ankles _____ Feet _____ Hands _____

Dental (Cavities, bridges, false teeth) (Circle Defects) Other _____

Skin (Fungus?, Staph.?) _____ Neuromuscular _____

Genito-Urinary _____ Hernia _____

Urine Test: Albumin _____ Sugar _____

Circle positive points and explain. Previous history of: Allergy - Asthma - Head Injury - Unconsciousness - Tetanus Immunization - Bone or Joint Disease and/or injury - Heart Disease - Hypertension - Renal Disease and/or injury - Diabetes - Emotional Disturbance - Epilepsy.

Explanation _____

Is student taking any medication routinely? Yes _____ No _____ (If yes, explain) _____

I certify on this date I have examined the above named student, as indicated by items checked, and recommend him/her as being physically able to participate in supervised athletic activities **NOT** circled below.

Football Cheerleading Soccer Basketball Track/Field Volleyball Golf Tennis

_____ Date

_____ Signature of Examining Doctor

PARENT OR GUARDIAN'S PERMIT

I hereby give my consent for the above named student to participate in approved extra-curricular sports, and go with the coach or other representatives of the school on any trips. The parent herewith grants permission for school employees to secure medical services, at the parent's expense, for the above named student if necessary. It is understood that the school assumes no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

Date: _____ X _____

Signature of Parent or Guardian

NOTE: Calvary Episcopal Preparatory requires a medical certificate and parent's permit to be completed and filed with the school before a student may take part in any school athletics.

Parent/Guardian must sign the waiver below releasing Calvary Episcopal Preparatory of the responsibility for any bodily injury while participating in the athletic program.

It is understood that I/We, the parent/guardian, will be totally responsible for bodily injuries sustained by my child while training for or engaging in such competition. This School does not assume any legal liability for any injury, which may result from this student's participation in the athletic program.

Date: _____ X _____

Signature of Parent or Guardian