



**WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION
SCHOOL PHYSICAL EXAMINATION
MEDICAL RECORD**



(PHYSICIAN'S STATEMENT MUST BE DATED AFTER JUNE 1 TO BE VALID FOR THE UPCOMING YEAR)

Name _____ **Address** _____
 Last First Middle
School _____ **Grade** _____ **Birthdate** _____ **Sports** _____
 Fall Winter Spring

PARENTS: Please fill in the following **BEFORE** taking your child for physical exam: Indicate all past history including dates of medical procedures and state any physical weaknesses or prior illnesses.

- | | | |
|---------------------|------------------|--------------------------|
| 1. Heart _____ | 4. Vision _____ | 7. Convulsions _____ |
| 2. Kidney _____ | 5. Hearing _____ | 8. Frequent Colds _____ |
| 3. Orthopedic _____ | 6. Speech _____ | 9. Rheumatic Fever _____ |

Please list additional medical information - Allergies, Eye Contacts, Medication, etc. _____

Physician's Examination Record - **(For Doctor's Use Only)** - Please check all blanks. **Height** _____
 Code: 0 - Normal 1 - Remedial Defect 2 - Defect, but no further treatment necessary **Weight** _____

1. Urine Alb. _____	Sugar _____	6. Teeth _____	11. Thyroid _____	16. Genitalia _____
2. Blood Pressure _____		7. Gums _____	12. Heart _____	17. Arms & Hands _____
3. Pulse _____		8. Throat & Tonsils _____	13. Lungs _____	18. Legs & Feet _____
4. Eyes _____		9. Nose _____	14. Abdomen _____	19. Spine-Posture _____
5. Ears _____		10. Cervical Nodes _____	15. Hernia _____	20. Glasses _____

Physical Activity: Unrestricted _____ Modified _____ Reason _____
 Recommendations: _____

Date: _____ Signature of Medical Doctor _____

PARENT/GUARDIAN INFORMED CONSENT

I, the parent or guardian of _____, realize that here is the risk of my son/daughter being injured that is inherent in all activities participation. I realize that the injury may be severe including the possibility of fractures, brain injury, paralysis or even death.

I hereby give my consent for my son/daughter to participate in the student activity programs offered by **Big Horn County School District No. 2** except those specifically listed below, and will abide by all policies governing these programs.

Activity programs specifically excluded: _____ Parent/Guardian _____

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

I hereby authorize **Big Horn County School District No. 2**, its faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Student's Name _____ Work Phone Number: Father _____
 Address _____ Mother _____
 Home Phone Number _____

A copy of the Insurance application must be attached. Signature acknowledges that we have read and understand the above warning and we give consent for emergency assistance that might be needed.

Date _____ Signature of Parent/Guardian _____

INSURANCE (Parent/Guardian please check one statement) Insurance is mandatory for anyone participating in athletics/cheerleading/dance. **Big Horn County School District No. 2** does not carry health insurance for students.

- _____ This is to inform you that our child listed above **is not** covered by an accident policy.
 _____ We will purchase student insurance offered at school.
 _____ We will purchase insurance through a vendor of our choice.
 _____ This is to inform you that our child listed above is covered by an accident insurance policy. The policy will remain in effect during all activities that our child is involved in, and we **do not** wish to purchase additional insurance.

INSURANCE INFORMATION: Company _____ Policy Number _____
 Insured Person _____ Policy Holder's S.S. Number _____

PARTICIPANT ASSUMPTION OF RISK

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coaches rules and procedures by familiarizing yourself with rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility. When you make the decision to participate in an activity you are assuming the shared responsibility of following the activity's rules, the coach's rules, and the equipment manufacturer's rules. You as a participant can help make the activity safer by not intentionally using techniques which are illegal and can cause serious injury.

Your signature below indicates that you have been informed about the importance of following rules in activities participation and you realize that there is a risk of being injured that is inherent in all activities. You realize that the risk may be severe including the risk of fractures, brain injuries, paralysis or even death.

Date _____ Signature of Student _____

TRANSPORTATION

Students participating in school events must ride in school sponsored transportation. Those who do not will not be allowed to participate. Parents may request of the Principal in writing before the event that their child ride home from the event with them. The child will not be released to anyone but their parents.

Date _____ Signature of Parent/Guardian _____