

# Athletic Participation and Medical Form

(Page 1 of 2 - Please complete both pages)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ (Mother) Home Phone: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ (Father) Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ In case of emergency and parents cannot be reached, please contact:

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Insurance Information: Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

*As parent/guardian, I give permission for my child's participation in athletic events and to travel with the team for athletic events.*

*In the event of a medical emergency, I give Kerr-Vance Academy permission to authorize necessary medical care if I cannot be reached or if the situation warrants immediate action.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

## Warning about the Inherent Dangers of Sports

Student athletes and parents should be aware that all sports, will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in a sport, and care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods and common sense.

**Kerr-Vance Academy**  
700 Vance Academy Road, Henderson, NC 27537  
Phone: (252)492-0018 Fax: (252)438-4652

Student Athlete's Name: \_\_\_\_\_

1. Has anyone in athlete's family died suddenly before? \_\_\_\_\_
2. Has athlete ever stopped exercising due to dizziness or passed out during exercise? \_\_\_\_\_
3. Does the athlete have a heart murmur? \_\_\_\_\_
4. Has the athlete ever had a bone broken or a joint injury? \_\_\_\_\_
5. Does the athlete have a history of concussion? \_\_\_\_\_
6. Has the athlete ever suffered a heat related illness? \_\_\_\_\_
7. Does the athlete have a chronic illness? \_\_\_\_\_ If yes, describe: \_\_\_\_\_
8. Does the athlete take medication? \_\_\_\_\_ If yes, describe: \_\_\_\_\_
9. Is the athlete allergic to any medication or bee stings? \_\_\_\_\_ Please list: \_\_\_\_\_
10. Date of last tetanus booster: \_\_\_\_\_

**Examination:**

1. BP: \_\_\_\_\_ WT: \_\_\_\_\_ HT: \_\_\_\_\_ Vision(R) \_\_\_\_\_ (L) \_\_\_\_\_

2. Cardiovascular Exam: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Comments: \_\_\_\_\_  
Murmur: YES \_\_\_\_\_ NO \_\_\_\_\_ Describe: \_\_\_\_\_

3. Musculoskeletal Exam: Record and laxity, weakness, instability, decreased ROM in each:

Knee: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Ankle: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Shoulder: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Indicate other problems:

4. Optional Exams: To be completed if history is positive:

ENT: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Chest: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Abdomen: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Genitalia: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Skin: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

5. Assessment: \_\_\_\_\_

6. Recommendations: \_\_\_\_\_

Unlimited: \_\_\_\_\_ Limited to: \_\_\_\_\_ Deferred until: \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THE ABOVE STUDENT AND THAT EXAMINATION REVEALED:

Conditions: \_\_\_\_\_ No Conditions: \_\_\_\_\_ THAT WOULD PREVENT THIS STUDENT FROM  
PARTICIPATION IN INTERSCHOLASTIC SPORTS.

Are you licensed to practice medicine in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_