

The Franciscan School
Medical Permission Form for Athletic Participation

I hereby apply for permission to participate in interscholastic sports.

This form is to be filled out completely and filed in the medical files of the school before the student can participate in the school athletic programs. The Student's address below is correct and in the event of a move from this address, the student and parent/guardian agree to inform the school in writing of the new address immediately.

Student: _____ Grade: _____ Date: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Parent's Name: _____ Work #: _____
Physician: _____ Phone: _____

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by The Franciscan School and the TCSAC.

Signature of Student: _____ Date: _____

Medical History (To be completed by parent)

Student: _____ Age: _____ Date: _____

Is there a known history of:

- | | |
|---|--------------------|
| A. Birth deformities (one eye, one kidney, etc.)? | Yes _____ No _____ |
| B. Known past illness of more than one week's duration? | Yes _____ No _____ |
| C. Medical conditions currently under treatment? | Yes _____ No _____ |
| D. Fractures or other disabling injuries? | Yes _____ No _____ |
| E. Any permanent deformity or disability? | Yes _____ No _____ |
| F. Allergy (drugs, food, clothing, etc.)? | Yes _____ No _____ |
| G. Mental disorder or convulsions? | Yes _____ No _____ |

Explain any above questions answered yes: _____

Parental Permission

As parent/legal guardian of _____, I hereby give my consent for his/her practice and play in any athletic events. I also give consent for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I agree to the need for a medical screening examination and certify that the medical history above is accurate to the best of my knowledge.

I agree he/she is adequately covered by an accident and health and/or hospitalization insurance policy which is in effect during his participation in such activities. This coverage is:

() Personal insurance policy _____
Name of Insurance Co. Policy Number

I (we) also acknowledge and certify that this certificate hereby releases and absolves The Franciscan School, its agents and employees, from all liability for injuries and related expenses incurred by the student as a result of participating in school sponsored interscholastic athletic practice and games without being adequately covered by the insurance protection certified above.

Signature of Parent/Legal Guardian

Date

EXAMINATION

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

NORMAL	ABNORMAL	DESCRIBE ABNORMALITIES
1. _____ Eyes	_____	_____
2. _____ ENT	_____	_____
3. _____ Heart	_____	_____
4. _____ Lungs	_____	_____
5. _____ Abdomen	_____	_____
6. _____ Genitalia (male only)	_____	_____
7. _____ Musculo- skeletal	_____	_____
8. _____ Neurologic	_____	_____
10. _____ Skin	_____	_____

LABORATORY

Urinalysis _____

Other (where indicated) _____

I certify that I have examined this student and find him/her medically (qualified, not qualified *) to compete in the interscholastic sports listed on the reverse side of this form.

If student is not qualified, list reasons for disqualification: _____

* The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculo-skeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.

Licensed to practice medicine in N. C.? Yes _____ No _____

Signature _____ Date _____

Address _____