

DIOCESE OF LITTLE ROCK

ATHLETIC PARENT PERMISSION

Evaluation for Participation in Sports

Pre-Participation Health Examination Record

 Last Name First Name Middle Initial School Class (Ex. 6A)

Age _____ Race _____ Black _____ White _____ Other _____ Sex _____ Male _____ Female

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the _____ League.

 Date

 Signature of Student

Parent's or Guardian's Permission and Release

I hereby give my consent for the above-named student to represent his or her school in athletic activities except for those indicated on the form by the examining physician.

The parish, school, administration, coaches, and Diocese of Little Rock has no responsibility to provide first aid at any of the games. The parent or guardian understands that the risk of injury or death is assumed by the student and parent when they sign this form. However, in the event persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities, then the parents do hereby release and forever discharge such persons and the parish, school, administration, coaches, and Diocese of Little Rock from any liability arising out of any first aid or immediate treatment or injuries.

 Typed or Printed Name of Parent(s)/Guardian(s)

 Signature of Parent(s)/Guardian(s)

 Address

 Phone

 Date

Health History (To be completed by student and parents prior to examination.)

YES NO Has this student had any:

- 1. _____ Chronic or recurrent illness?
- 2. _____ Illness lasting over 1 week?
- 3. _____ Hospitalizations?
- 4. _____ Surgery other than tonsillectomy?
- 5. _____ Missing organs (eye, kidney, testicle)?
- 6. _____ Allergy to medication?
- 7. _____ Problems with heart or blood pressure?
- 8. _____ Chest pain with exercise?
- 9. _____ Dizziness or fainting with exercise?

YES NO Further history

- 10. _____ Dizziness, fainting, frequent headaches, or convulsions other than an accident?
- 11. _____ Concussion or unconsciousness?
- 12. _____ Heat exhaustion, heatstroke?

YES NO Does this student:

- 13. _____ Wear eyeglasses or contact lens?
- 14. _____ Wear dental bridges, braces, plates?
- 15. _____ Take any medication?

YES NO Is there any history of:

- 16. _____ Injuries requiring MD treatment?
- 17. _____ Neck injury?
- 18. _____ Knee injury?
- 19. _____ Knee surgery?
- 20. _____ Ankle injury?
- 21. _____ Other serious joint injury?
- 22. _____ Broken bone (fracture)?
- 23. _____ Is there any reason why this student should not participate in sports?
- 24. _____ Has any family member died suddenly at less than 40 years of age?
- 25. _____ Has any family member had a heart attack at less than 55 years of age?

Date of last known tetanus (lockjaw) shot: _____

Use this space to explain any of the above numbered YES answers or to provide any additional information: _____

Students participating in athletics must be covered by insurance.

Please fill out: Name of Insurance _____ Policy No. _____