



**MIDDLE SCHOOL STUDENT PARTICIPATION
AND PHYSICAL EXAMINATION FORM
2009/10**

(Please type or print all information.)

Student's Name _____ Birthdate _____
Last First Middle

Sex _____ Grade _____ Place of Birth _____

Student's Address _____
Street City Zip

Parent(s) Name _____

Home Telephone Number _____

Physician _____
Name Address Telephone

Athlete's History

	Yes	No
1. Has the athlete ever been hospitalized, had surgery, injury or a serious medical illness?	_____	_____
2. Is this athlete now under the care of a physician or taking any medication?	_____	_____
3. Should there be any limits placed on participation in competitive sports?	_____	_____
4. Does this athlete have any allergies to medications?	_____	_____
5. Does this athlete wear glasses or contact lenses?	_____	_____
6. Has this athlete ever blacked out or lost consciousness during physical activity?	_____	_____

If yes to any of the above, please specify:

We consent to the participation of the above name student in the interscholastic program at Gross Schechter Day School. This includes practice sessions and travel to and from games.

Student

Parent

Date

****** IMPORTANT ****
HEALTH EXAMINATION AND DOCTOR'S FORM/SIGNATURE ON OTHER SIDE**



HEALTH EXAMINATION AND DOCTOR'S FORM

Student's Name _____ Grade _____

Height _____ Weight _____ BP _____ Pulse _____

Abnormal Physical Findings:

Should there be any limitations placed on athletic participation? Yes _____ No _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

Physician's Signature _____ Date of Signature _____

Physician's Name (type or print): _____

Physician's Address: _____

Physician's Telephone: _____