

# Wakefield Country Day School Athletic Participation Physical Form 2008-2009

Name of Student (please print) \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Significant Past Illness or Injury: \_\_\_\_\_

Eyes: R 20/\_\_\_\_\_; L 20/\_\_\_\_\_

Hearing: R\_\_\_\_\_/15; L\_\_\_\_\_/15

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Spleen \_\_\_\_\_ Hernia \_\_\_\_\_ Liver \_\_\_\_\_

Skin \_\_\_\_\_ Neurological \_\_\_\_\_ Genitalia \_\_\_\_\_

Complete Immunizations: Polio \_\_\_\_\_ Tetanus \_\_\_\_\_  
(Date) (Date)

I certify that I have, on this date, examined this student and find him/her physically able to complete in supervised sports activities.

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_  
Examining Physician

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

Physician's Telephone #: \_\_\_\_\_

### Student's Medical History

|  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Has had injuries requiring medical attention  | _____      | _____     |
| 2. Has had illness lasting more than one week  | _____      | _____     |
| 3. Is under a physician's care now   | _____      | _____     |
| 4. Take medication now   | _____      | _____     |
| 5. Wears glasses/contact lenses  | _____      | _____     |
| 6. Has had a surgical operation  | _____      | _____     |
| 7. Has been a patient in a hospital  | _____      | _____     |
| 8. Has had complete poliomyelitis immunization   | _____      | _____     |
| 9. Has had primary series of tetanus toxoi<br>(DPT or DT) and a booster within last 10 years | _____      | _____     |
| 10. Is there any reason why this student should not<br>participate in all sports?            | _____      | _____     |

Please explain any "yes" answers to above questions:

---



---



---

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



**Acknowledgement of Risk and Insurance Statement**

(To be completed and signed by parent/guardian)

The undersigned is the parent or guardian of \_\_\_\_\_ and is  
(please print name)

familiar with his/her wishes to participate in \_\_\_\_\_ for  
(name of sport)

Wakefield Country Day School for the 2008-2009 academic year.

I am aware that with participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another, with contact sports carrying a higher risk. The above named student has accident insurance and is insured to our satisfaction.

In addition, I am aware that participation in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved, and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for the above named student to receive a physical examination by a qualified, registered physician, if offered through the school.

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

Signature of Parent/Guardian: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

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

Name of Insured: \_\_\_\_\_ Phone #: \_\_\_\_\_