



Wakefield Country Day School
 P.O. Box 739 Flint Hill Virginia 22627
 (540) 635-8555 / FAX (540) 636-1501
Athletic Participation Physical Form
2009-2010

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 _____ (Date) Tetanus _____ (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. Takes medication now?	_____	_____
5. Wears glasses/contact lenses?	_____	_____
6. Has had surgery?	_____	_____
7. Has been a patient in a hospital?	_____	_____
8. Is there any reason why this student should not 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 _____
(name of sports)

For Wakefield Country Day School for the 2009-2010 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.

Signature of Parent/Guardian: _____ Date

Student's Full Name: _____

Name of Insurance Company: _____

Insurance Company Phone #: _____

Policy/ID #: _____ Group #: _____

Name of Policy Holder: _____