

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Father's Name or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Name and Address of Employer) \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Name and Address of Employer) \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical condition(s)/Allergies: \_\_\_\_\_  
 Current medication(s): \_\_\_\_\_  
 In an emergency when you cannot reach one of the above, I authorize you to call:

Name of Neighbor or Relative \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I give my consent to the above named student to take part in athletics sponsored by St. Paul High School. I understand that physical examinations by a licensed physician are required of all who engage in competitive athletics.

Should it be necessary for my student to need medical treatment while participating in athletics, I hereby give school personnel permission to obtain such treatment. I further understand that St. Paul High School does not assume responsibility for medical payments.

I understand that travel to and from athletic practices and/or contests is done either by bus or personal vehicle. I hereby release and discharge St. Paul from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the travel described above, whether or not such injuries or damage are caused by the negligence of the school or its employees.

I understand that my son/daughter is NOT ALLOWED to transport any other student to or from any practice or contest in a personal vehicle. I understand that my insurance benefits that are effective have limited application.

Sport: Fall Winter Spring

Football  Soccer  Track  Softball  
 G V-Ball  Basketball  Golf  Baseball  
 Cross Country  Boys' V-Ball

Other:  Cheer  Band  \_\_\_\_\_

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

**Health History**

- To evaluate the student's health, the parent or guardian is asked to answer the following questions (please circle):
- History of any head injury? Yes No If yes, when? \_\_\_\_\_
  - History of convulsions or seizures? Yes No If yes, which? \_\_\_\_\_
  - History of fainting? Yes No If yes, when? \_\_\_\_\_
  - History of rheumatic fever, heart disease or heart murmur? Yes No If yes, when? \_\_\_\_\_
  - Has student ever had a stress fracture? Yes No If yes, when? \_\_\_\_\_
  - Has student ever had surgery? Yes No If yes, when? \_\_\_\_\_
  - Is student missing any organs? Yes No If yes, when? \_\_\_\_\_
  - Does student suffer from allergies, asthma or diabetes? Yes No If yes, which one(s)? \_\_\_\_\_
  - Do you know of any reason why student should not participate in a full athletic program? Yes No
  - Please explain any "yes" answers here: \_\_\_\_\_

**Physical Examination**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Nose and Throat \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Glands \_\_\_\_\_

Teeth \_\_\_\_\_ Posture or Orthopedic Conditions \_\_\_\_\_ Neurological \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Hernia \_\_\_\_\_ Hearing \_\_\_\_\_

Any findings significant to school \_\_\_\_\_

Notes: \_\_\_\_\_

Cleared without restriction  
 Cleared, with recommendations for further evaluation or treatment for \_\_\_\_\_  
 Not cleared for participation in \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO  
 Physician stamp: \_\_\_\_\_