

Sports Medical Information Form

Student Athlete – Medical Information & Emergency Consent Form
(This form must be completed annually)

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing medical conditions: _____

Allergies: _____

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary. I further authorize any qualified licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of the above named child.

Signed this _____ day of _____ 20____

Parent / Legal Guardian

Parent / Legal Guardian

Office Use; Date entered in databasel ____/____/____ by _____

**Parent/Legal Guardian's
Risk Acknowledgement/Consent to Participate Form**
(This form must be completed annually)

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Address _____ City _____ State _____

Home phone: _____ Cell phone: _____

2) Parent/Guardian _____

Address _____ City _____ State _____

Home phone: _____ Cell phone: _____

My/our child wishes to participate in the sport of **volleyball, basketball, and/or track** during the 2019-2020 school year. I/We realize that there are numerous risks involved in participating in these sports. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. We have been informed about the various risks associated with our child's participation in volleyball, basketball and/or track, and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in **volleyball, basketball and/or track**, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Parent/Legal Guardian

Date: _____

Parent/Legal Guardian

Date: _____

Grade _____

Sports Physical Examination Form
(Good for two years from date of exam)

*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: _____

Place of Birth (City, St.) _____ Age: _____ Sex _____

Date of Birth: _____ Weight: _____ Height: _____

School: Saint Jude the Apostle City: Wauwatosa

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows: _____

Sports or school activities in which this student cannot participate are (if none - write NONE): _____

*If approved for only one year of competition, check here. _____

Licensed Physician or Surgeon:

(print or type name)

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.

Office use: Date entered in database ____/____/____ by _____