

HILLCREST MIDDLE SCHOOL SPORTS PHYSICAL FORM

725 Bloomfield Road, Sebastopol, CA 95472

(707) 823-7653 FAX (707) 823-4630

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

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PARENT OR GUARDIAN PERMISSION

(This section to be completed by Parent or Guardian of Student Athlete)

I hereby give my consent for the above-named student: 1) To represent this school in athletic activities approved by the examining physician. 2) To accompany any school team which he/she is a member of on any of the local or out of town games. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school, or anyone acting on its behalf, responsible for any injury occurring to the above named student in the course of such athletic activity or travel.

Signature of Parent/Guardian: _____

Address: _____ Date: _____

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PRE-SEASON HEALTH EXAMINATION FORM

(This section to be completed by Physician)

Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____ Pulse _____

Significant past or present illness, injury or allergies: _____

| | NORMAL | ABNORMAL | REMARKS |
|---------------|--------|----------|---------|
| EENT | | | |
| Vision | | | |
| Hearing | | | |
| Neck | | | |
| Lungs | | | |
| Heart | | | |
| Abdomen | | | |
| Neuromuscular | | | |
| Hernia | | | |

On the basis of this examination, I certify this student physically qualified for all sports except: _____

Physician signature: _____ Date: _____

Physician Address: _____