

7-8 Grade Physical Form

School Year 20____ - 20____

ATHLETIC PERMIT

STUDENT NAME _____ DATE OF BIRTH _____

PRESENT ADDRESS _____ TELEPHONE _____

FAMILY PHYSICIAN _____

NAME OF PRIVATE INSURANCE CARRIER(S) _____

POLICY NUMBER(S) _____

I as parent (or legal guardian) of the above named student hereby give my permission for the above named student to practice and compete and represent St. Paul's in interscholastic sports excepting those restricted on this card. I agree to be financially responsible for the safe return of all athletic equipment issued to him/her. I further grant permission for my son/daughter, named above, to be given immediate emergency care in case of injury as a result of athletic competition. I also grant permission for any medical records pertaining to the health of the above named student to be made available as necessary to the proper school or medical personnel.

(Signature of Parent of Legal Guardian) Date _____

PHYSICAL EXAMINATION

NOTE: Examination taken on or after APRIL 1st is good for the following TWO SCHOOL YEARS. Examination taken before APRIL 1 is good for the remainder of that SCHOOL YEAR and the FOLLOWING SCHOOL YEAR.

NAME _____ SEX _____ HEIGHT _____ WEIGHT _____ AGE _____ GRADE _____

SCHOOL _____ CITY _____

The above named student has been examined and there are no apparent contraindications 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 student is restricted or disqualified, please indicate reason(s): _____

If approved for only one year of competition, check here []

Signature of Licensed Physician or Surgeon _____

Phone _____ Date of Exam _____

ALL 7-8 GRADE STUDENTS PARTICIPATING IN INTERSCHOASTIC ATHLETICS MUST HAVE THIS FORM ON FILE

