

Fayetteville Street Christian School

Sports Physical Examination/Clearance Form

Student Name _____ Date of Birth _____
(Last) (First) (MI)

Sex: Male/Female _____ Grade _____ Home Phone _____

Name of Parent/Guardian _____ Cell/Office Phone _____

Name of Family Physician _____ Office Phone _____

Physical Examination/Clearance (To be completed by physician only) Date of original exam _____

Medications _____

Vision _____ Height _____ Weight _____

Eyes _____ BP _____ HR _____ UA _____

Ears _____ GI/GU _____

Nose _____ Allergies (food/medicines) _____

Teeth _____ Skin _____

Heart _____ Musculoskeletal _____

Lungs _____ Neurological _____

Do you know any reason why this child should not participate in athletic programs?

No Yes If yes, please explain _____

Assessment: Full Participation Limited Participation (describe limitations below) _____

Today's Date _____ Physician's Signature _____

Health History: (To be Completed by parent/guardian)

Asthma _____ Convulsions _____ Neck or back surgery _____

Concussion _____ Heart problems _____ False teeth or bridge _____

Epilepsy _____ Dehydration problems _____ Abnormal bleeding _____

Contact lenses _____ Sprains/strains/fractures _____

Anything else _____

Current medications _____

Physician's name _____ Preferred hospital _____

Emergency Contact: (Relative or Neighbor) _____ Phone _____

Other #'s where in emergency we can reach you _____

Insurance Information: I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. I accept full responsibility for the cost of treatment for any injury my student may suffer while participating in the athletic program.

Insurance Co. name _____ Policy# _____

Medical Authorization: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

I have read the FSCS Handbook and will follow the standard of conduct. I hereby give my consent for the student athlete named above to accompany any school team and represent his/her school in athletic events. All the information provided above is correct and true.

Student signature _____

Parent signature _____

Date _____