

ATHLETIC PHYSICAL CONSENT FORM

NAME _____

DATE _____

PREPARTICIPATION EVALUATION - HISTORY

To be completed by parent

YES NO

- | | | |
|--|-------|-------|
| 1. Have any members of your family under age 50 had a "heart attack" or "heart problems"? | _____ | _____ |
| 2. Have you ever been told you have a heart murmur, high blood pressure, extra heartbeats, or a heart abnormality? | _____ | _____ |
| 3. Do you have to stop while running around a (1/4 mile) track twice? | _____ | _____ |
| 4. Are you taking any medications? | _____ | _____ |
| 5. Have you ever "passed out" or been "knocked out" (concussion)? | _____ | _____ |
| 6. Have you ever had any illness, condition, or injury that | | |
| a. required you to go to the hospital either as a patient overnight or in the emergency room, or for x-rays? | _____ | _____ |
| b. required an operation? | _____ | _____ |
| c. lasted longer than a week? | _____ | _____ |
| d. caused you to miss a game or practice? | _____ | _____ |
| e. is related to allergies (hayfever, hives, asthma, or medicine)? | _____ | _____ |

If you answered "YES" to any of the above questions, please explain on the back of this form.

Date of last Tetanus Booster _____

I give my consent for _____, a pupil at Quakertown Christian School, to take part in athletic contests during the current school year in soccer, field hockey, volleyball, basketball, softball, and/or MACSA track and field events, and to have the required physical.

Date

Parent's Signature

TO BE COMPLETED BY PHYSICIAN

I have examined the general physical condition of _____, a pupil at Quakertown Christian School and find the said pupil to be physically fit to participate in athletic contests with members of school teams during the 20____-20____ school year.

Height: _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Urinalysis: Sugar _____

Albumin: _____

Date

Physician's Signature