

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