

PLEASE DO NOT FOLD OR BEND

CVCS ATHLETIC DEPARTMENT 2017-2018

PHYSICIAN'S FORM

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

\_\_\_\_\_ I have examined the general condition of the above named student and find him/her to be physically fit to participate in athletic practices and contest with members of school teams in the sport and during the sports season as indicated by the date of the examination and by my signature.

<b>Sport</b>	<b>Date of Examination</b> (Only sign and date beside the sport season being examined for)	<b>Physician's Signature</b>
Baseball	_____	_____ M.D./D.O.
Basketball	_____	_____ M.D./D.O.
Cross Country	_____	_____ M.D./D.O.
Soccer	_____	_____ M.D./D.O.
Volleyball	_____	_____ M.D./D.O.
Golf	_____	_____ M.D./D.O.

No pupil shall be eligible to represent CVCS in any contest unless he has been examined by a licensed physician of medicine or osteopathic medicine, a certified nurse practitioner, or a physician assistant before his/her sports season of that academic year. The examination for fall sports shall not be given earlier the July 1. The examination, re-examination, or certification, for all sports shall not be given earlier than six weeks prior to the beginning of practice for each applicable sport.

EMERGENCY INFORMATION AND PARENT CONSENT FORM

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_ After 5:00pm: Father \_\_\_\_\_ Mother \_\_\_\_\_

In an emergency, if parents cannot be reached, notify : \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_ Allergies / Conditions \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications taking: \_\_\_\_\_

**Consent to Treat:**

In the event of an injury occurring to my son/daughter and I am unable to be reached: \_\_\_\_\_ **I give my** \_\_\_\_\_ **I do not give my** permission for my **son/daughter** to receive emergency care by a doctor at a hospital or other emergency care facility.

**Assumption of Risk:**

I understand that participating in interscholastic events is potentially hazardous. Minor injuries frequently occur such as sprains, bruises, muscle tears and soreness, etc. I also understand that major injuries can occur as well. These include, but are not limited too, neck and head injuries that can result in permanent damage or even death. CVCS will not be held liable for injuries that occur to the student/athlete that occur in the course of their participation in athletic events, including practices and before and after games.

My above named child has my approval to participate in the following sports in this school year: (Please use an X)

\_\_\_ All Sports \_\_\_ Basketball \_\_\_ Soccer \_\_\_ Volleyball \_\_\_ Baseball \_\_\_ Cross Country \_\_\_ Golf \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_