

DIOCESE OF LITTLE ROCK PAROCHIAL LEAGUE

PARENT PERMISSION/Evaluation for Participation in Sports

Pre-Participation Health Examination Record

Last Name _____ First Name _____ Middle Initial _____ School _____ Class (Ex. 6A) _____
 Age _____ Race: ___ Black ___ White ___ Other Sex: ___ Male ___ Female

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Parochial League.

_____ Date

_____ Signature of Student

Parent's or Guardian's Permission and Release

I hereby give my consent for the above-named student to represent his or her school in athletic activities except for those indicated on the form by the examining physician.

The School Board of Education and its administration/coaches have no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury, or death is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities, then the parents do hereby release and forever discharge such persons and the School Board of Education and its administration/coaches from any liability arising out of any first aid or immediate treatment or injuries.

_____ Typed or Printed Name of Parent or Guardian

_____ Signature of Parent or Guardian

_____ Address

_____ Phone

_____ Date

Health History (To be completed by student and parents prior to examination.)

- | YES | NO | Has this student had any: |
|-----------|-------|---|
| 1. _____ | _____ | Chronic or recurrent illness? |
| 2. _____ | _____ | Illness lasting over 1 week? |
| 3. _____ | _____ | Hospitalizations? |
| 4. _____ | _____ | Surgery other than tonsillectomy? |
| 5. _____ | _____ | Missing organs (eye, kidney, testicle)? |
| 6. _____ | _____ | Allergy to medication? |
| 7. _____ | _____ | Problems with heart or blood pressure? |
| 8. _____ | _____ | Chest pain with exercise? |
| 9. _____ | _____ | Dizziness or fainting with exercise? |
| 10. _____ | _____ | Dizziness, fainting, frequent headaches, or convulsions? |
| 11. _____ | _____ | Concussion or unconsciousness |
| 12. _____ | _____ | Heat exhaustion, heatstroke, or other problems with heat? |

- | YES | NO | Is there any history of: |
|-----------|-------|----------------------------------|
| 16. _____ | _____ | Injuries requiring MD treatment? |
| 17. _____ | _____ | Neck injury? |
| 18. _____ | _____ | Knee injury? |
| 19. _____ | _____ | Knee surgery? |
| 20. _____ | _____ | Ankle injury? |
| 21. _____ | _____ | Other serious joint injury? |
| 22. _____ | _____ | Broken bone (fracture)? |

- | YES | NO | Does this student: |
|-----------|-------|-------------------------------------|
| 13. _____ | _____ | Wear eyeglasses or contact lens? |
| 14. _____ | _____ | Wear dental bridges, braces, plates |
| 15. _____ | _____ | Take any medication? |

- | YES | NO | Further history |
|-----------|-------|--|
| 23. _____ | _____ | Is there any reason why this student should not participate in sports? |
| 24. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 25. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? |

Date of last known tetanus (lockjaw) shot: _____

Use this space to explain any of the above numbered YES answers or to provide any additional information:

Students participating in athletics must be covered by insurance. Please fill out:

Name of Insurance _____

Policy No. _____

Diocese of Little Rock
Parochial League

Physical Examination

Date _____

Height _____

Weight _____

Pulse rate _____

Blood pressure _____/_____

(check one)

Vision: Right ____/____ Normal ____ without corrective lens
 ____ with corrective lens
 Left: ____/____ Abnormal ____ without corrective lens
 ____ with corrective lens

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, nose, throat					
3. Mouth and teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest and lungs					
7. Abdomen					
8. Genitalia - hernia					
9. Sexual maturity					
10. Skin and lymphatics					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation Recommendations:

___ No history or physical findings on this exam would prohibit the student from participating in the following requested sports:

___ This student should have the following health problems evaluated or treated before participation recommendations can be made:

___ This student has health problems that prohibit him or her from participating in the requested sports:

___ however, this student can participate in the following requested sports:

Physician