

BROADWATER ACADEMY ATHLETIC HEALTH FORM

This form must be completed in its entirety (2 pgs.) and returned to the Athletic Director prior to August 1, 2010 and/or before participation in any athletic activity. No student will be permitted to try out for or participate in any athletic activities until this form is completed.

Part 1: PHYSICAL EXAMINATION (To be completed by examining physician):

_____/_____/_____
Student's Full Name Grade Date of Birth Age Sex (M/F)

Height Weight *Tanner State of Maturation Index _____ *Percent of Body Fat _____

_____/_____
Blood Pressure Pulse (rest) (exercise) (recovery)

Vision: Corrected (L) ____/____ (R) ____/____ Uncorrected (L) ____/____ (R) ____/____

Eyes _____ Skin _____ Genitalia/Hernia _____
Ears _____ Lymphatics _____ Peripheral Pulses _____
Nose _____ Heart _____ Cervical Spine/Neck _____
Throat _____ Lungs _____ Knees/Hips _____
Teeth _____ Abdomen _____ Ankles/Feet _____

Are immunizations up to date? YES/NO (If no, explain) _____

Date of last Tetanus Shot _____ (Must be within the last 8-10 years)

I have reviewed the above data; have reviewed his/her medical history form; and make the following recommendations for his/her participation in athletics:

1. Full participation _____
2. Limited or no participation _____ Reason _____
3. Requires additional evaluation _____
4. Comments and explanation(s) _____

_____, MD _____

PHYSICIAN'S SIGNATURE _____ Date _____
Physician Name (printed) _____

Address _____ Phone _____

Part II: MEDICAL HISTORY (to be completed by parent/guardian) Have you ever had any of the following? (please answer yes or no):

Seizure or epilepsy _____ Weak joints-ankles, knees _____ High blood pressure _____
Concussion _____ Operation _____ Heart murmur _____ Broken bones _____
Have you ever fainted or passed out? _____ if yes, please explain _____
Have you ever been knocked out? _____ if yes, please explain _____
Have you ever been hospitalized? _____ if yes, please explain _____
Have you ever had significant allergies? _____ Hay fever _____ Asthma _____ Bee sting _____
(circle all that apply) Poison Ivy _____ Medicine _____ Other _____
Do you take medicine regularly? _____ If so, please explain: _____
Have you ever had any illnesses lasting a week or more such as mononucleosis? _____
Has any family member had a heart attack, heart problems, or sudden death before age 50? _____
Do you wear contact lenses, eye glasses, or dental appliances? _____
Do you have any missing or non-functioning organs such as kidneys, eyes, testes, etc? _____
Have you begun menses yet? _____ If yes, what age? _____
Do you have any menstrual problems? _____
Please explain any yes answers from above: _____

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ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT:

I authorize the participation of _____ in all of the following sports that are **NOT** crossed out: baseball, basketball, cheerleading, crew, football, golf, soccer, softball, volleyball, weight lifting, track and _____ (other). I am generally familiar with the eligibility rules for each such sport and to the best of my knowledge my child has no health problems that adversely affect the ability of my child to participate in any such sports. In the event my child develops any such health problems, I will immediately notify the school's Athletic Director.

I understand that the coaches of each sport may establish rules and regulations relative to attendance at practices, training, study schedules, and other matters for the purpose of promoting the well being of the team, as well as the punishment for the non-compliance with such rules and regulations. I agree that I will be supportive of such rules and regulations and their enforcement.

I am familiar with the requirements for participation in each sport for which I have authorized my child's participation and I recognize and understand that any physical activity can present an increased risk of injury and possibly death and that participation in sports exposes participants to such risks.

I understand through my own personal experiences and observations, literature I have read, or otherwise, that my child's exposure to such risks and the degree of danger and seriousness of such risks varies significantly from one sport to another and that sports involving personal contact of the participants carries higher risks.

I understand that my child's participation in sports may involve travel with the teams and I grant permission for my child to travel to and from such sporting events with transportation provided by the school.

I understand that in the event that such transportation is not in a school-owned vehicle, that it will be necessary in each event for me to specifically authorize my child's traveling in a privately owned vehicle and in such event the school will have no liability for any claim that may arise out of an event incident to such transportation.

Acknowledging the risks involved with sports participation and team travel, and in the absence of negligence of Broadwater Academy, its employees and agents contributing to any such injury and/or possible death, I agree to indemnify and save harmless Broadwater Academy, its employees and agents from and against any and all liability for any such events as well as any and all costs and fees incurred by Broadwater Academy in the defense of any such claims.

*SIGNATURE OF PARENT/GUARDIAN: _____

*SIGNATURE OF PARENT/GUARDIAN: _____

*(Both parents/guardians must sign the above Acknowledgement of Risk and Insurance Statement. Students may not participate in athletics at Broadwater Academy without the proper signatures of parents or guardians.)

My child has student accident insurance available through:

The school

Has football insurance coverage through the school

Insured by our family policy with _____ Policy # _____

EMERGENCY PERMISSION FORM

_____/_____/_____
Student's Name Grade Date of Birth Age Sex (M/F)

Please list any health problems that might be significant to a physician evaluating your child in case of an emergency:

Is student allergic to any medications? Yes/No (If yes, please state which ones) _____

Is student currently taking any medications? Yes/No (If yes, please state which ones) _____

EMERGENCY AUTHORIZATION/PERMISSION TO TREAT

In the event I cannot be reached, I hereby give permission to physicians selected by the coaches or staff at Broadwater Academy to hospitalize, secure proper treatment for, and to order injection and/or surgery for the person named above who is a student currently enrolled at Broadwater Academy.

*SIGNATURE OF PARENT/GUARDIAN _____

PHONE: (Daytime) _____ (nighttime) _____ (cell) _____

*SIGNATURE OF PARENT/GUARDIAN _____

PHONE: (Daytime) _____ (nighttime) _____ (cell) _____

***Both parents/guardians must sign the above Emergency Authorization/Permission to Treat prior to the student's participation in any sporting activity.** This form may be reproduced for travel with respective teams and is acceptable for emergency treatment if needed.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ATHLETIC DIRECTOR BEFORE STUDENT IS PERMITTED TO TRY OUT FOR OR PARTICIPATE IN ANY ATHLETIC ACTIVITIES.