

St. Stephen School

To Love, To Inspire – To Achieve!

Discipleship Embodied • Partnership Embraced • Scholarship Celebrated • Leadership Modeled • Citizenship Personified

SPORTS MEDICAL RELEASE FORM 2011 - 2012

Name: _____ Phone# _____

Sex: M _____ F _____ Date of Birth: _____ Grade: _____

Ht _____ Wt _____ B/P _____ P _____

Is there history of:

Diabetes	_____	Fracture	_____
Epilepsy	_____	Dislocation	_____
Seizures	_____	Knee Problems	_____
Asthma	_____	Other Joints	_____
Hernia	_____	Operations	_____
Heart Disease	_____	Lung Disease	_____

Date of last Tetanus _____
Shot _____
Regular Medications _____

Allergy:

Pollen _____
Insect _____
Drugs _____

Physical Examination (N = Normal; P=Pathology)

Heart	_____	Lungs	_____
Hernia	_____	Abdomen	_____
Orthopedic	_____	Abnormalities	_____
Extremities	_____	Tanner Stage	_____

Selection Classification _____ (if necessary)

SPORT(S): _____

Remarks: _____

Reason for reject: _____

Indicate any known congenital defects: _____

The above exam shows satisfactory condition to engage in Interscholastic Athletics:

Yes _____ No _____

Date of Exam: _____

Signature of Physician: _____

CONTINUED ON BACK 

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_____ has my permission to participate in this sport during the current school year. He/she will be expected to attend all scheduled practices and games. I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

In case of an emergency and I cannot be reached, please call:

Name _____ Phone _____

Relationship to student _____

Name _____ Phone _____

Relationship to student _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child is in good health, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of:

Signature of Parent/Guardian: _____

Date: _____