Exhibit - Certificate of Physical Fitness for Participation in Athletics $^{\rm 1}$

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Emergency contact (relationship to student)	Contact phone
Physician	Physician phone
Medical History: Date of Birth:	Height: Weight:
Heart condition Diabetes Asth	
= ' ''	rgies: Requires student to carry EpiPen®
Other	
List all medications (prescribed and over the c	ounter)
Injuries (brief description and dates)	
Surgeries (brief description and dates)	
Physical activity restrictions (brief description	and duration)
I certify that:	
 My child is in good health and is c activity. No need exists to limit his/ho 	apable of participating in the above sport or er participation. I assume full responsibility for ation, and will notify you of any changes.
	e Authorization for Medical Treatment form eatment for my child in the event of a medical to contact me are unsuccessful.
3. If my child requires or may need med completed and submitted the <i>School M</i>	dication while participating in athletics, I have dedication Authorization Form.
Parent/Guardian signature	Date

§9.10-E2

¹ Secondary schools should substitute the IHSA and IESA's Pre-Participation Examination Form for this form when the sport is IHSA regulated. It is available at: https://www.ihsa.org/default.asp.

§9.10-E2 Page 2 of 2