

DIOCESE OF LITTLE ROCK CHURCH LEAGUE
PARENT PERMISSION/Evaluation for Participation in Sports
2021-2022

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
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Parent's or Guardian's Permission and Release

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

The School Board of Education and its administration/coach have no responsibility to provide first aid at any of the games and the parent or guardian understanding that the student and parent assume the risk of injury, or death 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, 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
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Address	Home Phone or Cell	Date
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Health History (To be completed by student and parents prior to examination)

Yes	No	Has this student had any:	Yes	No	Is there any history of:
1. _____	_____	Chronic or recurrent illness?	16. _____	_____	Injuries requiring MD treatment?
2. _____	_____	Illness lasting over 1 week?	17. _____	_____	Neck injury?
3. _____	_____	Hospitalizations?	18. _____	_____	Knee injury?
4. _____	_____	Surgery other than tonsillectomy?	19. _____	_____	Surgery other than tonsillectomy?
5. _____	_____	Missing organs (eye, kidney, testicle)?	20. _____	_____	Ankle injury?
6. _____	_____	Allergy to any medication?	21. _____	_____	Other serious joint injury?
7. _____	_____	Problems with heart or blood pressure?	22. _____	_____	Broken bones (fractures)?
8. _____	_____	Chest pain with exercise?			
9. _____	_____	Dizziness or fainting with exercise?			
10. _____	_____	Dizziness fainting frequent headaches, or convulsions?	23. _____	_____	Further history: Is there any reason why this student should not participate in sports?
11. _____	_____	Concussion or unconsciousness?	24. _____	_____	Has any family member died suddenly at less than 40 years of age of causes than an accident?
12. _____	_____	Heat exhaustion, heatstroke, or other problems with heat?	25. _____	_____	Has any family member had a heart attack at less than 55 years of age?
Yes	No	Does this student:			
13. _____	_____	Wear eyeglasses or contact lens?			
14. _____	_____	Wear dental bridges, braces, plates?			
15. _____	_____	Take any medication?			

Date of last know 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. _____

Physical Examination (to be completed by physician)

Date: _____

Height: _____

Weight: _____

Pulse rate: _____

Blood pressure: _____/_____

Vision: Right _____/_____

Left _____/_____

(Check one)

Normal _____ Without corrective lens

_____ With corrective lens

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 lymphatic's					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation recommendation:

_____ No history or physical findings on this exam would prohibit this student from participating on 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

Physical must be performed within a year of participation in a sport.