

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. <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurrent illness? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Illness lasting over 1 week? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Surgery other than tonsillectomy? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Missing organs (eye, kidney, testicle)? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Allergy to medication? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Problems with heart or blood pressure? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Chest pain with exercise? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting with exercise? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Dizziness, fainting, frequent headaches, or convulsions? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Concussion or unconsciousness |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion, heatstroke, or other problems with heat? |

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

- | YES | NO | Does this student: |
|------------------------------|--------------------------|-------------------------------------|
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Wear eyeglasses or contact lens? |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Wear dental bridges, braces, plates |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Take any medication? |

- | YES | NO | Further history |
|------------------------------|--------------------------|----------------------------------------------------------------------------------------------------|
| 23. <input type="checkbox"/> | <input type="checkbox"/> | Is there any reason why this student should not participate in sports? |
| 24. <input type="checkbox"/> | <input type="checkbox"/> | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 25. <input type="checkbox"/> | <input type="checkbox"/> | 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. _____