DIOCESE OF LITTLE ROCK PAROCHIAL LEAGUE PARENT PERMISSION/Evaluation for Participation in Sports 2019-2020

Pre-Participation Health Examination Record

Age Race: Black White Other Sex: Male Fema 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-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 hysicians, physiciatherapists, physicians'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 Home Phone or Cell Date Health History (To be completed by student and parents prior to examination) Yes No Has this student had any: Yes No Injuries requiring ND treatment? 1. Chronic or recurrent illness? 1. Chronic or recurrent illness? 2. Illness lasting over 1 week? 2. Illness lasting over 1 week? 3. Hospitalizations? 4. Surgery other than tonsillectomy? 5. Missing organs (eye, kidney, testicle)? 6. Allergy to any medication? 7. Problems with heart or blood pressure? 9. Dizziness fainting with exercise? 9. Dizziness fainting in medication? 10. Disziness fainting frequent headaches, 11. Concussion or unconsciousness? 12. Heat exhaustion, heatstroke, or other problems with heart or bl	Last N	lame		Fir	st Name		Middle Initial	Scho	ool		_	Class (Ex. 6A
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Students participating in athletics must be covered by insurance. Please fill out:												
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Physical Examination (to be completed by physician)

Date:							(Check one)
Heigh	nt:					Normal	Without corrective len With corrective lens
						Abnormal	
Weig	ht:		١	ision: Right	/		With corrective lens
Pulse	rate:			Left	/		
Blood	d pressure:		,				
		Normal	Ahnormal	Not Examined	Commer	nts	Examiner
1.	Eyes	Norman	Abriormai	NOT EXAMINED	commer	11.5	Examiner
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						
Partio	cipation recommendati	on:					
	No history or physical find	ings on this	exam would	prohibit this stude	nt from participating on the f	ollowing requested s	ports:
	_This student should have	he followin	g health prob	lems evaluated or	treated before participation i	recommendations ca	n be made:
	_This student has health pr	oblems that	t prohibit him	or her from partic	ipating in the requested spor	ts:	
	However , this student car	ı participate	e in the follow	ring requested spor	ts:		

Physician