
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.)

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