

Grandview Christian School

PARTICIPANT'S NAME _____ GRADE _____ DOB _____

PARTICIPANT'S PHONE #: (home) _____ (cell) _____

SPORTS PHYSICAL EXAMINATION

PHYSICIAN'S EXAMINATION COMMENTS

HEIGHT _____ WEIGHT _____

EYES _____ EARS _____ NOSE _____ THROAT _____

ABDOMEN _____ HEART _____ SKIN _____ LUNGS _____

SCALP _____ EXTREMITIES _____ HERNIATION _____

HAS STUDENT BEEN TREATED FOR CONCUSSION IN THE LAST 12 MONTHS?

Yes/No, if yes date treated _____

PHYSICIAN'S RECOMMENDATIONS

This individual is APPROVED / NOT APPROVED to participate in physical athletics.

(circle appropriate recommendation above)

PHYSICIAN'S SIGNATURE _____

PRINT PHYSICIAN'S NAME _____ EXAM DATE _____

Note: An examination by a Physician's Assistant, in lieu of a licensed Physician, is accepted by Grandview Christian School for purposes of this sport physical.

Physicals are good for one year from the date of physician's signature.

PARENT/LEGAL GUARDIAN INFORMATION

PARENT NAME _____ PHONE (home) _____ (cell) _____

HOME ADDRESS _____

NAME OF INSURANCE CO. _____ INSURANCE ID # _____

PLACE OF WORK _____ WORK PHONE _____

MY STUDENT HAS PERMISSION TO RIDE THE SCHOOL BUS TO ALL SPORTS EVENTS AND PRACTICES DURING THE SCHOOL YEAR. I UNDERSTAND THAT THEY MAY ONLY RIDE HOME AFTER A GAME WITH A PARENT *(or other designated person, name of designated adult driver listed on back of this form)* AFTER BEING DISMISSED BY THE COACH AND AFTER THEY HAVE BEEN PROPERLY SIGNED OUT.

I authorize GCS/Coach/Administration to give Tylenol/Advil to my student. YES NO

PARENT'S SIGNATURE _____

Students will NOT be permitted to participate in sport events or continue to practice without a current physical.

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NAME OF DESIGNATED DRIVER(S):

1. _____ PHONE NUMBER _____
2. _____ PHONE NUMBER _____
3. _____ PHONE NUMBER _____
4. _____ PHONE NUMBER _____
5. _____ PHONE NUMBER _____

Students will NOT be permitted to participate in sport events or continue to practice without a current physical.