



Sports Medical Form

Sunset Middle School
200 Sunset Trail, Brentwood, TN 37027
PH 472-5020 FAX 472-5030

**THIS FORM SHOULD BE COMPLETED BEFORE ATHLETIC PARTICIPATION.
IT WILL EXPIRE ONE YEAR FROM DATE OF EXAM.
Please fill out this form completely (parts I, II, & III).**

Part I. EMERGENCY TREATMENT AND PARENT'S CONSENT

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without a parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

Emergency Information

Name: _____ Sport(s): _____

Grade: _____ Age: _____ Date of Birth: _____ Sex (Circle): M F

Parent/Guardian Name(s): _____

Home Address: _____

Home Phone: _____ Cell Phone(s): _____

Father's e-mail: _____ Mother's e-mail: _____

Work Address: _____

Work Phone: _____

Other Emergency Contact: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

I give my consent for (student's name) _____ to represent SUNSET MIDDLE SCHOOL in school sponsored athletics. I release SUNSET MIDDLE SCHOOL, its coaches, sponsors and employees from any liability for damage and injury to the above named individual and hereby accept the full responsibility for any and all damage or injury sustained as a result of participation in any sport or extracurricular activity.

Date: _____ Signature: _____

Part II - PREPARTICIPATION MEDICAL EVALUATION FORM

Have you ever had a preparticipation physical before? ___Yes ___No If yes, when/where_____

Please explain "Yes" answers below.

	Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	_____	_____
2. Are you presently taking any medications or pills?	_____	_____
3. Do you have allergies (medicine, bees or other stinging insects)?	_____	_____
4. Have you every passed out during exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur? Has anyone in your family died of heart problems or a sudden death before the age of 50?	_____	_____
5. Do you have any skin problems (itching, rashes, acne)?	_____	_____
6. Have you ever had a head injury? Have you ever been knocked unconscious? Have you ever had a seizure? Have you ever had a stinger, burner or pinched nerve?	_____	_____
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	_____	_____
8. Do you have trouble breathing or do you cough during or after activities?	_____	_____
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?	_____	_____
10. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	_____	_____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? _____ Head _____ Shoulder _____ Thigh _____ Neck _____ Elbow _____ Knee _____ Chest _____ Forearm _____ Shin/Calf _____ Foot _____ Back _____ Wrist _____ Ankle _____ Hip _____ Hand	_____	_____
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?	_____	_____
13. Have you ever had a medical problem since your last evaluation?	_____	_____
14. When was your last tetanus shot? _____ When was your last measles shot? _____		
15. When was your first menstrual period? _____ When was your last menstrual period? _____ When was the longest time between your periods last year? _____		

Please explain "yes" answers here:

I herby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete	Signature of Parent/Guardian	Date
Signature of Coach	School	

Part III - PHYSICIAN'S CERTIFICATE

Personal Physician	Address	Telephone
--------------------	---------	-----------

I hereby certify that (student's name) _____ has been examined by me and found to be physically fit to engage in all school athletics for the current school year.

Remarks: _____

Physician's Signature: _____ Date: _____