



# INTERSCHOLASTIC SPORTS EXAMINATION

Name \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

This athlete is:

- Cleared without restriction
- Cleared, **with recommendations** for further evaluation or treatment for:  
 \_\_\_\_\_  
 \_\_\_\_\_

- Not cleared for:
  - All sports
  - Certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY INFORMATION**  
 Allergies: \_\_\_\_\_  
 Other information: \_\_\_\_\_  
 \_\_\_\_\_

**IMMUNIZATIONS**  
 (Tetanus/diphtheria, MMR, Hepatitis A, Hepatitis B, Influenza, Polio, Pneumococcal, Meningococcal, Varicella)  
 Up to date     Not up to date (Specify: \_\_\_\_\_)

**WELL CHILD CHECK/EPSDT**  
 Has completed well child exam/EPSDT screen (required for 7th and 9th grade athletes)

Name of Provider (print/type): \_\_\_\_\_

Office Address: \_\_\_\_\_  
 \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

# WOODLAND MIDDLE SCHOOL ATHLETICS MEDICAL FORM

## PHYSICIAN'S CERTIFICATE

I hereby certify that (Student's Name) \_\_\_\_\_ has been examined by me and found to be physically fit to engage in all school athletics.

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

=====  
**\*\*\* Entire Form Must Be Completed for Athletic Eligibility \*\*\***

## EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without 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): \_\_\_\_\_ Sex: M  F

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Father's SS#: \_\_\_\_\_ Mother's SS#: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number(s): \_\_\_\_\_

Another Person to Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Policy and Group Number(s): \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Consent Statement: Authorizing Treatment

Parent(s)

Signature: \_\_\_\_\_

Student's Signature (if over 18): \_\_\_\_\_

## PARENT(S) CONSENT

I hereby give my consent for (student's name) \_\_\_\_\_ to represent (name of school) Woodland Middle School in the sport(s) of: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Parent or Guardian)