

**Athletic Physical and Parental Consent Form**

**PART 1: STUDENT INFORMATION To be completed by parent/guardian:**

Student's name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering in the fall \_\_\_\_\_

Is this child subject to any of the following conditions:

	YES	NO	Explanation
Epilepsy	_____	_____	_____
Fainting	_____	_____	_____
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Heart Disease	_____	_____	_____
Other	_____	_____	_____
Head injury, seizures	_____	_____	_____
Knocked unconscious	_____	_____	_____
Other	_____	_____	_____

Medications \_\_\_\_\_

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

Signature of Athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**PART 2: PHYSICAL EXAMINATION To be completed by the physician:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

	NORMAL	OTHER
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Skin	_____	_____
Neck	_____	_____
Chest	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Posture	_____	_____
Hernia (males)	_____	_____

I have examined the above student and in my opinion he/she may participate in all school organized athletics except listed: None \_\_\_\_\_ Other \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

*Athletic Program*

CONSENT FORM

1. I hereby give permission for my child to engage in sports at Corpus Christi Catholic School.
  
2. I am familiar with the common hazards of sports and fully understand the dangers associated with them. I hereby release and discharge (school name) \_\_\_\_\_ and the sports league, its agents, employees, and officers from all liability whatsoever for personal injuries or damage to property arising out of the sports activities on the premises at school or at any other location where games or practices are conducted, or in transportation to or from contests at other locations.
  
3. I understand that I am responsible for all equipment and uniforms issued to my child. I personally guarantee to return equipment and uniforms at the end of the season and to make restitution for any undue damage or loss of equipment or uniforms.
  
4. I understand it is my responsibility to provide medical insurance for my child in case of injury. (School Name) \_\_\_\_\_ or any of its agents or coaches will not be responsible for medical bills incurred due to injury to my child. My child is presently covered by:  
  
Name of Insurance Company: \_\_\_\_\_
  
5. I understand that my child will not be allowed to practice with an athletic team unless this form is signed and filed in the school office.

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date