



NORTHSTAR ACADEMY

SPORTS PARTICIPATION PARENTAL CONSENT/PHYSICAL FORM

STUDENT INFORMATION/HEALTH HISTORY (TO BE COMPLETED BY PARENT/GUARDIAN)

Student's Name _____ Date of Birth ____/____/____ Grade _____
(Last) (First) (MI)

Male Female

Student's Home Address _____

Parent/Guardian Name(s) _____

Parent/Guardian Primary Phone Number _____ Home Cell Work

Parent/Guardian Secondary Phone Number _____ Home Cell Work

The following portion must be completed and signed prior to the physical examination, for review by examining practitioner.

Check box if applicable:

Student wears glasses or contact lenses

Student has allergies to medicine, food, and/or insects. List here: _____

Student takes daily medications. List all (including nutritional supplements) _____

Date of student's last tetanus booster _____

Answer YES or NO, Explain "yes" answers below:	YES	NO		YES	NO
1. Has a doctor ever denied or restricted the student's participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	11. Has the student ever had a head injury or concussion? *If yes, include date of last injury in explanation below.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student being treated for a chronic medical condition? (asthma, diabetes, anemia, seizures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	12. Has the student ever complained of headaches during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the student had previous surgeries?	<input type="checkbox"/>	<input type="checkbox"/>	13. Has the student ever been unable to move his/her arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the student ever passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. When exercising in heat, does the student have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student ever had discomfort, pain, or pressure in chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Does the student have a blood disorder or bleeding problem?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a family history of heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the student have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student had any previous injuries (sprain, muscle or ligament tear, ect.) that caused him/her to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	17. Does the student have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student ever had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	18. Has the student had any problems with his/her eyes or vision, and/or ears or hearing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you or the student worry about his/her weight?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the student have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you/the student have any concerns that you/he/she would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "YES" answers with the number of the question:

>> _____

>> _____

>> _____

>> _____

In the event of an emergency, I hereby give permission for the coaches and staff of Northstar Academy to obtain emergency medical treatment for the student named above. In the event that I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Northstar Academy to hospitalize and/or secure appropriate medical treatment for the above named student. I am aware that participating in sports will involve travel with the team to and from contests and practices. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for the above named student to participate in the sport and travel with the team.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ **Date** _____

VALID FOR ONE (1) YEAR FROM EXAM DATE



NORTHSTAR ACADEMY
SPORTS PARTICIPATION PARENTAL CONSENT/PHYSICAL FORM

PHYSICAL EXAMINATION
(TO BE COMPLETED BY EXAMINING PRACTITIONER)

Student's Name _____ Date of Birth ____/____/____ Age _____
(Last) (First) (MI)

Height _____ Weight _____	Vision: R: 20/____ L: 20/____ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
B/P _____ Resting Pulse _____	Hearing: R: _____ L: _____ Hearing Aids <input type="checkbox"/> R <input type="checkbox"/> L

MEDICAL	NORMAL	ABNORMAL:
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Genitourinary (males only)		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL:
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Function		

Emergency medications required on-site:	<input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:
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COMMENTS:

I certify that on this date I examined this student and reviewed the medical history furnished to me. Based on my examination and review of this student's medical history this student is physically able to participate in athletic and competitive sports activities. I clear this student to participate in athletic and competitive sports activities for one year.

Examining Practitioner's Signature _____ **Date of Examination:** _____

Address: _____ Phone Number: _____

NOTE: THIS FORM MUST BE COMPLETELY FILLED OUT AND FILED WITH NORTHSTAR PRIOR TO THE STUDENT'S PARTICIPATION IN SPORTS ACTIVITIES.

VALID FOR ONE (1) YEAR FROM EXAM DATE