



Grymes Memorial School Sports Physical and Emergency Permission Forms*

I understand that athletic participation may include early dismissal from class and travel to participate in interscholastic athletic contests. I will not hold the school authorities or parent drivers responsible in case of accident or injury as a result of this participation. I also give my consent and approval for the above named athlete to receive a pre-participation physical by a registered physician as recommended by the school administration.

(Parent/Guardian Signature) Date _____

Student's Name _____ Grade _____ Age _____

School _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of any emergency.

Please list any allergies to medications, etc.

Is the student-athlete presently taking medications? _____

If so, what type? _____

Does the student-athlete wear contact lenses? _____

Please list date of last tetanus shot. _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by Grymes Memorial School representative to hospitalize and secure proper treatment.

Signature of parent/guardian _____

Relationship to student-athlete _____

Daytime phone number (where to reach you in an emergency) _____

Evening time phone number (where to reach you in an emergency) _____

*Emergency permission form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index: (males only) _____ BP: _____

*Percent Body Fat: _____ Pulse: *(rest) _____

*Audiogram _____ *(Exercise) _____

*Vision: Corrected (L) _____ (R) _____ (Both) _____ *(Recovery) _____

Uncorrected (L) _____ (R) _____ (Both) _____ *FEV or Peak Flow (rest) _____

*(Exercise) _____

*(Recovery) _____

	N	ABORNMAL		N	ABNORMAL
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and/or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

CLEARED WITHOUT RESTRICTIONS

Cleared **AFTER** further evaluation or treatment for: _____

Cleared for **Limited participation** (check and explain "reason" for all that apply):

Not cleared for (specific sports) _____

Cleared only for (specific sports) _____

Reason(s): _____

NOT CLEARED FOR PARTICIPATION: _____

Reason(s) _____

Other Recommendations: _____

Recommend close monitoring during early conditioning because of weight/fitness/other

Recommend restrictions or monitoring of weight loss or gain

Other _____

Reason(s): _____

Physician Signature: _____ Date of Examination** _____
(MD, DO, LNP, PA)

Date Signed: _____

Examiner's Name and degree (print) _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____