

Physical Examination Card For Interscholastic Athletics

Student Information and Permission (To be filled out by Parent or Guardian)

Grade _____

Name of Student _____ Date of Birth _____

Name of Parent/Guardian _____ Telephone _____

Name of Family Physician _____ Telephone _____

Signature of Parent/Guardian _____

Physical Examination/Clearance (To be completed only by Physician)

Medications _____

Vision _____ BP _____ HR _____ UA _____

Eyes _____ GI/GU _____

Ears _____ Allergies _____

Nose _____ Skin _____

Teeth _____ Musculoskeletal _____

Heart _____ Neurological _____

Lungs _____

Do you know any reason why this child should not participate in athletic in the Lake Washington School District?

- No Yes (if yes, please explain)

Physician's Signature

Today's Date

Date of Original Examination

-Verification of Insurance Coverage-

I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. The name of the company providing insurance for

(Student's Name)

is _____

(Insurance Company's Name)

I accept full responsibility for the cost of treatment for an injury which my child may suffer while taking part in the program. However, this does not waive either my rights nor the rights of my child as respects bringing any legal action against the district.

(Parent/Guardian Signature)

Sport _____ Season/Year _____

Lake Washington School District No. 414

–Medical Emergency Authorization Form–

Student's Name _____
(Last) (First) (Middle Initial)

School _____

As parent or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed necessary to ensure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name _____ Date _____
(Signature of Parent/Guardian)

Parent/Guardian Home Phone _____

Other Emergency Phone (Neighbor, relative, etc.) _____

State whose number _____

Medical Coverage _____ Medical Number _____

–Media Consent–

I give permission for my child's picture to be used in publications should the occasion arise. (Please check the appropriate box(es)).

- Lake Washington School District publications
- News Media
- None

Parent's Signature