

IMMANUEL LUTHERAN SCHOOL
INTERSCHOLASTIC PHYSICAL FITNESS FORM

Student Name _____ Age _____ Grade _____ M/F _____

Student address _____

Telephone # home _____ work _____ cell _____

Parent Email Address _____

Sport _____

PARENT/GUARDIAN STATEMENT

Does he/she have any health concern which may be jeopardized by his/her participation in interscholastic sports? _____

Has your son/daughter had any of the following health problems?

_____ Unexplained Loss of Consciousness	_____ Asthma
_____ Convulsions	_____ Diabetes
_____ Headaches	_____ Heart Disease
_____ Uncorrected Vision Problems	_____ Blood Disease

Please explain any checked items _____

Is your son/daughter currently taking any medications? _____

If so, please explain _____

Does your son/daughter have any allergies? _____

If so, please explain _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: Name _____ phone # _____

Relationship to Student _____

Emergency Contact #2: Name _____ phone # _____

(MAKE SURE TO TURN OVER THIS PAGE AND FILL OUT THE OTHER SIDE)

Relationship to Student _____

I give permission for _____ to participate in interscholastic sports. To the best of my knowledge the information contained above is correct and I acknowledge that I should notify the school if there is a change in my child's physical condition.

I also give his/her coach permission to seek medical attention, in case of an accident, in my absence.

Parent/Guardian Signature _____ Date _____

PHYSICIAN'S STATEMENT OF PHYSICAL FITNESS

Patient's Name _____

Age _____

Height _____ Weight _____ Blood Pressure _____

I am aware of the medical history and condition of this student. I hereby certify that in my medical opinion the patient is physically fit and that there are no known health concerns that would prevent this child from participating in interscholastic sports.

Examining Physician Signature _____

Physician's Printed Name _____

Office Phone # _____

Date _____