

PALO ALTO HIGH SCHOOL PHYSICAL FORM

NAME _____

SPORT _____

1. **Have you ever had a head or neck injury?** _____

If yes to head injury, did you lose consciousness? _____

If yes to neck injury, did you have weakness, tingling or numbness? _____

How long before you returned to your sport? _____

2. **Have you/do you have eye problems?** _____

Do you wear glasses or contacts? _____

3. **Do you have a history of asthma?** _____

If yes, do you take medication? _____

Name of the medication _____

4. **Do you have a history of diabetes?** _____

If yes, do you control it with medication? _____

Name of the medication _____

5. **Do you or have you had a history of** foot/ankle injury? _____; knee injury? _____; hip injury? _____; back injury? _____; shoulder injury? _____; elbow injury? _____; wrist/hand injury? _____. If you answered yes to any of the above, please explain

6. **Do you have allergies to: medication, insects, grass, and food?** _____ If you answered yes to any of the above, do you take medication for the reaction and what is the name of the medication

7. **Do you take medication, regularly?** _____; If you do, what medication/s do you take?

8. **Is there any other information that the athletic trainer or your sports coaching staff needs to know?**

TRANSPORTATION: Only transportation authorized by the school district may be used by teams traveling to and from places of practice or athletic events. The faculty sponsor or coach will accompany the team and has complete authority on such trips.

PERFORMANCE ENHANCING DRUGS/STEROIDS: Students must not be taking performance enhancing substances or steroids, doing so may jeopardize his/her eligibility.

EQUIPMENT AND SUPPLIES: The student and his/her parent/guardian are responsible for the safe return of all equipment and uniforms issued to the student. The student will be charged for any misuse or loss of such equipment/uniform.

REQUIREMENTS FOR INTERSCHOLASTIC SPORTS PARTICIPATION INCLUDE:

1. An annual physical examination, including physician verification of the student's ability to participate
2. Accident insurance with proper coverage.
3. Minimum of 2.00 GPA for previous grading period, which includes all courses
4. Must pass 20 units from the preceding semester.
5. Must be enrolled as a full-time student during the sport's season.
6. This form read, understood and signed

The parent/guardian of _____ signify that the above rules, regulations and information are acceptable and give full permission for my student to, with authorized personnel, participate and travel with the Team during the entire season of _____.

Student Signature

Parent/Guardian Signature

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1. PERMISSION AND VERIFICATION: STUDENT'S NAME _____

A. I hereby give my son, daughter, ward permission to participate in interscholastic sports and to go with the representative of the school on trips necessary for competition. I understand that by their nature, competitive athletics may put some students in situations in which ***serious, catastrophic*** and perhaps ***fatal*** accidents may occur.

B. In the event that my son/daughter or ward is injured, you are authorized to render first aid and/or secure medical treatment including ambulance service, if necessary.

C. My son/daughter/ward has medical and hospitalization policy with _____ Insurance Company. The **Policy and group number are** _____. Does your policy cover tackle football? _____. Does your policy cover all other interscholastic sports? _____

Date

Parent or Guardian Signature

Parent/Guardian Contact numbers: Home _____; Work _____;
Cell _____; Alternate Contact Person/phone number _____

PHYSICIAN'S CERTIFICATION:

I hereby certify that _____ was examined by me on _____ and

IS IS NOT physically qualified to engage in competitive sports.

Signature of Physician

Phone Number

Name of Physician (printed or typed)