# HENRICO COUNTY PUBLIC SCHOOLS MIDDLE SCHOOL STUDENT PARTICIPATION, PARENTAL APPROVAL AND PHYSICAL EXAMINATION FORM

(TO BE COMPLETED BY PARENT/LEGAL CUSTODIAN, STUDENT AND PHYSICIAN)

**VALID**
**MAY 1 - JUNE 30**
**(14 MONTHS)**

Student's Name ______________________ Birth date ______________ Age ________

Grade _________ Sex M [ ] F [ ] Home Phone ______________ Cell Phone ______________

Parent/Legal Custodian's Name ______________________ Work Phone ______________

Home Address of Student ______________________ School ______________

Emergency Contact Person (other than parent/custodian) ______________ Phone No. ______________

Family Physician ______________________ Phone No. ______________

Hospital preferred ______________________ ALLERGIES ______________

MEDICATIONS (current) ______________________ Last Tetanus Booster Date ________

History of: (Circle)

1. Any injuries requiring medical attention Yes No
2. Under a physician's care at this time Yes No
3. Wears glasses or contact lenses Yes No
4. Surgery or operations
5. Hospitalized (except for Tonsillectomy) Yes No
6. Any chronic disease Yes No
7. Any reason why this individual should not participate in competitive sports? Yes No

If "Yes" to any of the above, list appropriate number explain ______________________

______________________________________________

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of ______________ Middle School to hospitalize and/or secure proper treatment for the student named above.
I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions.

*My child is covered by an insurance that meets my approval.*

Company name ______________________ Policy Number ______________________

_____ My child is covered by 24 hour school insurance _____ My child is covered by School Day insurance.

PARENT/LEGAL GUARDIAN'S SIGNATURE ______________________ Date ______________

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Board of Control for Middle School Athletics.

STUDENT SIGNATURE ______________________ Date ______________

The proponent for this form is: DIVISION OF INSTRUCTION, Tel. 652-3761 Stock No. 1301-150 DISCARD ALL OTHER FORMS. REV. 8/27/01

## Physical Examination
(To be completed and signed by examining physician)

Name of Student ______________________ School ______________________

Age ________ Height ________ Weight ________ B/P ________ P ________ R.________

Eyes ____________ R20/ ________ L20/ ________ Ears ____________ Hearing R ________ L ________

Cardiovascular ______________________________________________

Respiratory ______________________________________________

Liver ______________ Spleen ______________ Hernia ______________

Musculoskeletal ______________________ Skin ______________

Neurological ______________________ Genitalia ______________

I certify that on this date I examined this student and on the basis of this examination, along with the medical history furnished to me, I found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

COMMENTS: ______________________________________________

______________________________________________

______________________________________________

Physician's/Nurse Practitioner's Signature ______________________ Phone No. ______________

Address ______________________________________________

Date of Examination: ______________

NOTE: THIS FORM MUST BE COMPLETELY FILLED OUT AND MUST BE FILED IN THE SCHOOL HEALTH OFFICE PRIOR TO THE STUDENT'S PARTICIPATION.