

LAKE SHORE CENTRAL SCHOOLS
ATHLETIC PARENT/GUARDIAN PERMISSION & MEDICAL CERTIFICATION & UPDATE FORM

**RETURN COMPLETED FORM TO BUILDING NURSE PRIOR TO OR AT THE TIME OF PHYSICAL EXAM.
 STUDENT WILL NOT BE ALLOWED TO TRYOUT/PRACTICE WITHOUT THIS SIGNED FORM.**

(TO BE FILLED OUT BY PARENT/GUARDIAN) _____
 (PLEASE PRINT/ USE PEN)

PART I

I hereby give consent for (Student's full name) _____ to participate in
 (sport) _____ Birthdate _____ Age _____ Sex (circle) M F
 Address _____ Zip _____
 Grade _____ Phones: Home _____ Work _____ Emergency _____
 Do you have Medical Insurance? Yes _____ No _____ Name of Insurance Co. _____

PART II

STUDENT HEALTH HISTORY

Does student have or ever had any of the following? (Answer "Yes" or "No")

	Yes	No		Yes	No
Chronic/Recurrent Illness?	—	—	Problems w/Liver, Spleen, Kidney	—	—
Hospitalization? Date: _____	—	—	Hernia	—	—
Surgery	—	—	Recurrent Skin Disease	—	—
Current Medications	—	—	Broken Bone or Joint Injury/Sprain/Dislocation	—	—
Organs or Body parts Missing	—	—	Allergies(hay fever, bee stings or medications) (circle which)	—	—
Heat Exhaustion/Stroke	—	—	Tetanus Booster in the last 10 yrs	—	—
Shortness of Breath or Chest pain	—	—	Last Date: _____	—	—
Dizziness, Fainting, Headaches, Seizures Or Convulsions	—	—	Asthma? Use Inhaler/medications	—	—
Problems with Blood Pressure, Heart	—	—	Neck/Head Injury? Concussion	—	—
Vision Defects	—	—	Birth Defects? What? _____	—	—
Wear Glasses or Contacts? (Circle)	—	—	Since the last School Physical, have there been any illness resulting in absence from school for 5 or more successive days?	—	—
Hearing Defects?	—	—	Other? _____	—	—
Dental appliances or abnormalities?	—	—			
Bridge/Braces/Cap/Plate (circle)	—	—			

PLEASE EXPLAIN ALL "YES" ANSWERS AND GIVE SPECIFIC INSTRUCTIONS FOR EMEGENCY CARE BELOW. (*
 Specify left, right, etc.)

PART III

I CERTIFY THAT THE ABOVE INFROMATION IS CURRENT AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent or Guardian _____ Date _____

I UNDERSTAND THAT THE SCHOOL DISTRICT DOES NOT PROVIDE STUDENT ACCIDENT INSURANCE FOR PARTICIPANTS IN INTERSCHOLASTIC ATHLETICS AND THAT IT IS MY RESPONSIBILITY TO ASSUME ANY COST RESULTING FROM ATHLETIC INJURIES. I AGREE TO HOLD THE DISTRICT HARMLESS FOR ANY SUCH INJURY TO MY CHILD. I ALSO GIVE MY PERMISSION FOR EMERGENCY TRANSPORT AND/OR EMERGENCY TREATMENT IN THE EVENT OF INJURY INCURRED IN CONNECTION WITH SAID SPORT.

I AGREE TO ASSUME FINANCIAL RESPOSIBLITY FOR ANY EQUIPMENT ISSUED TO THE STUDENT IN CASE OF LOSS OR DAMAGE.

Signature or Parent/Guardian _____ Date _____