St. Michael's Episcopal School
8706 Quaker Lane, Richmond, VA 23235

**ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM – 2016-17 SCHOOL YEAR**

To be eligible for participation, this form must be completed AFTER May 1, 2016
**You must return this form to the office before participation**

PART I-ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Student's Name_____
(last) (first) (middle initial)

Home Address:_____

Phone Number:_____ Date of Birth:_____

Parent's Name:_____ Emergency Phone Number:_____

**Statement of Commitment**

As a member of St. Michael's Episcopal School's athletic team, I fully understand that I am expected to attend all practices and games. Exceptions would be conflict with another school activity, a family emergency, or illness. Further, I understand that if I miss practice or a game for other reasons, I may lose the privilege of representing St. Michael's on that team.

_____
Student Signature Date

**The St. Michael's Athlete Should:**

1. Not lose his/her temper or use profanity when in practice or competition.
2. Be courteous to visiting teams and officials.
3. Play hard and to the limit of his/her ability, regardless of discouragement. The true athlete does not give up but continues to strive to meet team and individual goals.
4. Be gracious in defeat and modest in victory. A true sportsman does not offer excuse for failures.
5. Maintain a high degree of physical fitness by observing team and training rules conscientiously.
6. Respect the facilities of host schools and uphold the trust placed in you as a guest.
7. In the classroom strive for perfect attendance, take responsibility for completing academic assignments on time, and encourage others to improve their academic work.
8. Demonstrate loyalty to the school by performing academically to the best of your ability and be participating in or supporting other school activities.
9. Should not engage in any activity that includes alcohol, tobacco, or any other controlled substance.

I have read and understand the above expectations of a St. Michael's athlete and will do my best to uphold each one who a member of a St. Michael's team.

_____
Student Signature Date

## PART II- MEDICAL HISTORY

This form should be completed by parent and athlete prior to the time of the physical examination and should be taken with physical examination form for review by the physician during the examination.

YES NO

1. Have you ever had any of the following? Please explain any YES answers

___ ___ heart murmur_____

___ ___ high blood pressure _____

___ ___ other heart problems _____

___ ___ broken bones _____

___ ___ weak joints-ankles, knees_____

___ ___ concussion_____

___ ___ operation_____

___ ___ seizures or epilepsy_____

___ ___ 2. Have you ever fainted or passed out?_____

___ ___ 3. Have you ever been knocked out?_____

___ ___ 4. Have you ever been hospitalized?_____ _____

___ ___ 5. Have you ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath?_____
_____

___ ___ 6. A. Have you ever had significant allergies to:

___ ___ bee stings – on medication-yes___no_____

___ ___ foods_____

___ ___ medicine_____

___ ___ others_____

B. Do you have prescription for use of:

___ ___ Adrenalin_____

___ ___ Inhaler_____

___ ___ Other allergy medicine_____

___ ___ C. Do you have asthma?_____

___ ___ 7. Do you take any medicine regularly?_____

___ ___ 8. Have you had any illnesses lasting a week or more such as mononucleosis, etc?_____

___ ___ 9. Have you had any blood disorders, including sickle-cell trait, anemia, etc.?_____

___ ___ 10. Has any family member had a heart attack, heart problems or sudden death before the age of 50?_____?

___ ___ 11. Do you wear contact lenses, eyeglasses or dental appliance?_____

___ ___ 12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc.?_____

13. Menstrual History:

___ ___ Have you begun menses yet?

___ ___ 14. Do you have any other significant health problems?_____

14. **DATE OF LAST TETANUS or Tdap IMMUNIZATION**?_____

**MUST HAVE Tdap IN ORDER TO ENTER 6TH GRADE**

## PART III – PHYSICAL EXAMINATION

(To be completed and signed by examining physician)

NAME_____SCHOOL_____

HEIGHT_____WEIGHT_____SEX_____AGE_____GRADE_____

*Tanner Stage or Maturation Index

*Vision: corrected (L)____(R)____

Eyes_____

Ears_____

Nose_____

Teeth_____

Skin_____

Lungs_____

Lymphatics_____

Heart_____

Abdomen_____

Genitalia/hernia_____

Peripheral pulses_____

Blood Pressure_____

Cervical spine/neck_____

Back_____

Shoulders_____

Arm/elbow/wrist/hand_____

Knees/hips_____

Lab:

*Urine_____

*Hemoglobin or HCT_____

and/or Fe Stores_____

*WHEN MEDICALLY INDICATED

I have reviewed the data above, reviewed his/her medical history form and made the following recommendations for his/her participation in athletics.

____Full participation ____Limited participation ____No Participation ____Needs Additional Evaluation

If not full participation, give reasons and recommendations:_____

_____

Any recommendations or concerns on such items as:

a. Weight loss or gain or restrictions of weight loss:_____
b. Slow and careful monitoring of conditioning because of being overweight or showing an abnormal exercise testing: _____
c. Other_____

Physician Name (print)_____ Signature_____ M .D.* DATE_____

Address_____ Telephone Number_____

City/Zip Code_____

*Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner

## PART IV – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ to participate in any of the following sports that are not crossed out: baseball, basketball, field hockey, soccer, softball, track, other (identify sports).

_____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she is insured by our family policy with:

| _____ | _____ | _____ |
|---|---|---|
| Name of Company | Policy Number | Name of Insured |

I acknowledge and accept the risk inherent in the sport and with this knowledge in mind, grant permission for my child to participate in the sport.

I also give my consent and approval for my child to receive a physical examination, as required in Part III, Physical Examination, of this form, by _____M.D., O.D. or L.NP

Additionally I give my consent and approval for the above named student's picture and name to be printed in any school athletic program.

Signature of parent/guardian_____Date_____

## PART V - EMERGENCY PERMISSION FORM

**Student's Name**_____**Grade** _____ **Age**_____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by coaches and staff of St. Michael's Episcopal School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number_____ Evening phone number_____

Signature of parent or guardian_____Date_____

Relationship to student_____