

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

2025-2026 SCHOOL YEAR

To be eligible for participation, this form must be completed AFTER May 1, 2025

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 excuses 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 by 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 is 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 a 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 _____
_____ heart problems _____
_____ 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 $\frac{1}{4}$ to $\frac{1}{2}$ 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 a 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? _____

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

MUST HAVE Tdap IN ORDER TO ENTER 7th 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) _____

Blood Pressure _____

Eyes _____

Cervical spine/neck _____

Ears _____

Back _____

Nose _____

Shoulders _____

Teeth _____

Arm/elbow/wrist/hand _____

Skin _____

Knees/hips _____

Lungs _____

Lab:

Lymphatics _____

*Urine _____

Heart _____

*Hemoglobin or HCT _____

Abdomen _____

and/or Fe Stores _____

Genitalia/hernia _____

*WHEN MEDICALLY INDICATED

Peripheral pulses _____

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: basketball, field hockey, soccer, track, cross country, lacrosse, swimming, mountain biking, 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 _____