

School Year: \_\_\_\_\_



## Medical Release Form

### PARENT OR GUARDIAN PERMISSION STATEMENT:

I hereby give my permission for my child(ren) to take part in sporting activities at Midland Christian School under the supervision of the Coaches employed by Midland Christian School. I grant my permission for persons in a supervisory role to act on my behalf for my child(ren) in a medical emergency.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy Number

**MIDLAND CHRISTIAN SCHOOL****PARENT AND STUDENT SPORTS RESPONSIBILITY FORM****Student Agreement:**

I have read the Student Handbook, Sports section (attached) and will obey the guidelines, responsibilities, and training rules. I will strive to represent MCS in a Christ-like manner. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen sport(s).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Agreement:**

I have read the Student Handbook, Sports section (attached) and will insure that my student athlete obeys the guidelines, responsibilities, and training rules. I agree to fulfill the Parent Responsibilities described in the Sports section of the Student Handbook.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPORTS PREPARTICIPATION HEALTH EVALUATION

Name: \_\_\_\_\_ Sex: M F Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
 Sports Activities: \_\_\_\_\_

**PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:**

- |   |   |  |
|---|---|--|
| Y | N | 1) Currently taking any prescribed or over-the-counter medicines?  |
| Y | N | 2) Any allergies? (medication, foods, bee stings, etc.)  |
| Y | N | 3) Currently under treatment for any medical problems?   |
| Y | N | 4) Previous hospitalization or serious illness?  |
| Y | N | 5) Past surgeries?   |
| Y | N | 6) Prior sports injuries?  |
| Y | N | 7) Any missing organs? (kidney, spleen, eye, testicle, etc.)   |
| Y | N | 8) Currently or recurring skin problems? (impetigo, acne, herpes, athlete's foot, cold sores, etc.)                      |
| Y | N | 9) Wear glasses or contacts?   |
| Y | N | 10) Hearing problems?  |
| Y | N | 11) Dental problems? (braces, loose or false teeth, retainer, etc.)  |
| Y | N | 12) Have you ever been knocked unconscious or had a concussion? If so, how many times? ___                               |
| Y | N | 13) Any seizures, convulsions or epilepsy?   |
| Y | N | 14) Have you ever passed out during or after exercise?   |
| Y | N | 15) Have you ever been dizzy during or after exercise?   |
| Y | N | 16) Have you ever had chest pain during or after exercise?   |
| Y | N | 17) Have you ever had high blood pressure, heart murmur, racing of the heart, skipped beats or irregular heart beats?    |
| Y | N | 18) Any recurrent wheezing or asthma?  |
| Y | N | 19) Any coughing during or after exercise?   |
| Y | N | 20) Any muscle weakness, numbness in arms or legs or history of stinger or burner?                                       |
| Y | N | 21) Have you ever experienced any heat related injuries, such as heat cramps, heat exhaustion or passed out in the heat? |
| Y | N | 22) Have you ever sprained, dislocated, broken or fractured any bones or joints?   |
| Y | N | 23) Any presence of hernia; absent or undescended testicles?   |
| Y | N | 24) Family history of sudden, unexplained death, high blood pressure, heart attack before age 50 or diabetes?            |

USE THIS SPACE FOR ANY DETAILS OF "YES" ANSWERS ABOVE OR ANY ADDITIONAL HEALTH HISTORY

I hereby state that to the best of my knowledge the above answers are correct. I understand that this evaluation is not a guarantee against serious injury or death resulting from participation in sports activities. This evaluation is not a substitute for regular medical care by a family physician.

_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
ASSESSMENT: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	SPORTS PARTICIPATION CLEARANCE A. Cleared – no restrictions B. Not cleared for: (see notes) 1. Contact/Collision 2. Limited Contact/Impact 3. Noncontact a. Strenuous b. Moderately strenuous c. Nonstrenuous
_____ PHYSICIAN'S SIGNATURE	_____ DATE