

ATHLETIC PARTICIPATION PERMIT
Grades 4-12

Student Name _____ M() F()
Grade _____ Date of Birth _____
School Last Attended _____

EMERGENCY INFORMATION

Parent/Guardian Name _____
Home Address _____ Home Phone _____
Phone Where You Can Be Reached: Father _____ Mother _____
Name of Physician _____ Phone _____
Person to contact in case of emergency when parent/guardian cannot be reached:
Name _____ Relationship to Student _____
Address _____ Phone _____

PARENT/GUARDIAN PERMISSION

I wish my son (), daughter () to have the privilege of participating in all competitive school athletics, with the exception of _____. My student, _____, has my permission to compete in all sports approved by the board of education of the local school district and to go with the coach on any regularly scheduled trips. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that my child is responsible for all players' equipment issued to him/her by the school.

Signature of Parent/Guardian

INSURANCE ARRANGEMENTS

Please check one:
_____ My son/daughter is fully covered by insurance carried by his parent/guardian and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic contests.

Name of company, which insures student _____
Date _____

Signature of Parent/Guardian

_____ My son/daughter is not covered by private insurance, therefore I need to purchase the athletic insurance policy offered through the school. **TO BE PAID AT THIS TIME.**

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

| | | | | | |
|---------------------------------------|---------------|------------------------------|----------------|-----------------------------------|--|
| NAME: _____ | | | | BIRTHDATE: ____/____/____ | |
| Height: _____ | Weight: _____ | % Body Fat (optional): _____ | Pulse: _____ | BP: ____/____ (____/____/____) | |
| Vision: R 20/____ L 20/____ | | | Corrected: Y N | Pupils: Equal _____ Unequal _____ | |
| Rhythm: Regular _____ Irregular _____ | | | | | |

| MEDICAL | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|--|--------|-------------------|-----------|
| Appearance | | | |
| Eyes / Ears / Nose / Throat | | | |
| Lymph Nodes | | | |
| Heart: Pericardial activity | | | |
| 1 st & 2 nd heart sounds | | | |
| Murmurs | | | |
| Pulses: brachial / femoral | | | |
| Lungs | | | |
| Abdomen | | | |
| Skin | | | |

MUSCULOSKELETAL

| | | | |
|-----------------|--|--|--|
| Neck | | | |
| Back | | | |
| Shoulder / arm | | | |
| Elbow / forearm | | | |
| Wrist / hand | | | |
| Hip / thigh | | | |
| Knee | | | |
| Leg / ankle | | | |
| Foot | | | |

* Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation / rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Medical Provider: _____ (print or type) Date: _____

Address: _____ Phone: (____) _____

Signature of Medical Provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."