

Athletic Physical Exam and Emergency Contact Form

Lutheran High School Westland



Submit this form to the school office **BEFORE** beginning practice.

Physical must be given on or after April 15.

STUDENT INFORMATION <small>PLEASE PRINT</small>						
STUDENT LAST NAME	FIRST	SEX	GRADE	AGE	DOB	SCHOOL YEAR
		M F	9 10 11 12		/ /	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE	
List any medications you are currently taking:				List allergies (seasonal, medicine, food, insects)		

PHYSICAL EXAM <i>To be completed and signed by the examining MD, DO, PA or nurse practitioner.</i>								
SYSTEM	NORMAL	ABN.	Orthopedic Exam	NORMAL	ABN.	Physical Exam	NORMAL	ABN.
Height _____ in			Neck			Ears		
Weight _____ lbs			Shoulders			Nose		
Pulse _____			Elbows			Throat		
Blood Pressure _____ / _____			Wrists			Lungs		
Urinalysis			Knees			Heart		
Hernia			Ankles			Lymph Nodes		
			Scoliosis					

Physician Comments:

A. This student is physically able to participate in all athletic programs
 B. Participation limited to certain sport/activity with these **restrictions:**
 C. Approval withheld until additional tests or rehabilitation can be completed
 D. No athletic participation

Physician's Signature: _____ Physician's Name PRINTED _____ DATE _____

Emergency and Authorization Form (Completed annually for all students)

STUDENT INFORMATION <small>PLEASE PRINT</small>						
STUDENT LAST NAME	FIRST	STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE
						SCHOOL YEAR
EMERGENCY CONTACT INFORMATION						
FATHER'S NAME		WORK PHONE	CELL	MOTHER'S NAME		CELL
FAMILY DOCTOR		OFFICE PHONE	OTHER EMERGENCY CONTACT PERSON		PHONE #1	PHONE #2
SECURE MODE PREFERENCE						
<input type="checkbox"/> When a "Secure Mode" has been declared, my student will be required to stay at the school until he or she can be picked up by a parent.						
-or- <input type="checkbox"/> With my phone authorization, my student may leave school and drive his or her vehicle						
<input type="checkbox"/> Until he or she can be signed out by the following authorized person(s): _____						
<input type="checkbox"/> With my phone authorization, my student may leave school and ride with _____						
<input checked="" type="checkbox"/> Parent Signature: _____ Date: _____						
PHOTO RELEASE						
I hereby grant to Lutheran High School Westland, their legal representative, or those for whom they are acting, the absolute right and permission to copyright and use, photographic portraits of student or students named below, in whole or in part while in attendance at Lutheran High School Westland.						
I hereby waive any right I may have to inspect or approve the finished product or products. I hereby release Lutheran High School Westland, their representative, or those for whom they are acting, from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.						
<input checked="" type="checkbox"/> Parent Signature: _____ Date: _____						
MEDICAL TREATMENT CONSENT						
I recognize that school personnel may be unable to contact me and hereby consent in advance to necessary emergency care and to assume the expenses of such care.						
Medical Insurance Company: _____ Contract #: _____						
<input checked="" type="checkbox"/> Parent Signature: _____ Date: _____						