

**Coon Rapids Bayard CRUSADERS
ATHLETIC PHYSICAL and PARTICIPATION CONSENT**

Name _____ Grade _____

SIGNIFICANT HEALTH HISTORY FINDINGS: _____

DATE OF LAST TETANUS IMMUNIZATION: _____

HEALTH MEASUREMENTS:

Height / Weight _____

Blood Pressure / Pulse _____

Vision _____

PHYSICAL EXAM FINDINGS:

Eyes/Ears/Nose/Throat _____

Mouth & Teeth _____

Neck _____

Lymph Nodes _____

Heart (Standing & Lying) _____

Pulses (esp. femoral) _____

Chest & Lungs _____

Abdomen _____

Skin _____

Genitals - Hernia _____

Musculoskeletal _____

Neurological _____

Comments regarding abnormal findings:

ATHLETIC PARTICIPATION RECOMMENDATIONS:

_____ Full & Unlimited Participation

_____ Limited Participation - May **NOT** participate in the following:

_____ Clearance Pending Documented Follow up of: _____

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Licensed Professional's Name (Printed) _____

Licensed Professional's Signature _____

Date _____ Phone _____

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HEALTH HISTORY

Has this student had any:

- | | Yes | No | |
|---|-------|-------|---|
| • | _____ | _____ | Chronic or recurrent illness or injury? |
| • | _____ | _____ | Asthma or allergies? |
| • | _____ | _____ | Rheumatic fever, mononucleosis? |
| • | _____ | _____ | Epilepsy or other seizures? |
| • | _____ | _____ | Diabetes? |
| • | _____ | _____ | Contact lenses? |
| • | _____ | _____ | Dental braces, bridges, plates? |
| • | _____ | _____ | Head or Neck injury or concussion? |
| • | _____ | _____ | Elevated blood pressure? |
| • | _____ | _____ | Chest pain, dizziness or fainting with exercise? |
| • | _____ | _____ | Racing of your heart or skipped heart beats? |
| • | _____ | _____ | Knee injury or surgery? |
| • | _____ | _____ | Frequent headaches? |
| • | _____ | _____ | Ankle injury? |
| • | _____ | _____ | Concussion, unconsciousness, extremity numbness? |
| • | _____ | _____ | Broken bones (fractures)? |
| • | _____ | _____ | Heat exhaustion, heat stroke, or other heat related |
| • | _____ | _____ | Other serious joint injuries? |

Please list all medications you are presently taking: _____

**Parent's / Guardian's Permission and Release
*MUST BE SIGNED FOR STUDENT'S PARTICIPATION**

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

The Coon Rapids Bayard Community School District is not responsible for the medical costs incurred by students who are injured during school sponsored athletics or activities. The Board of Directors strongly recommends that a student participating in interscholastic athletics be adequately insured. If a student does not have insurance, accident insurance from a company determined by the Superintendent or his representative may be obtained through the school.

I agree not to hold the Coon Rapids-Bayard schools responsible for any medical, physician or hospital costs incurred by my child in connection with athletics or school sponsored activities

SIGNATURE _____ **DATE** _____