



**ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION**

**Part 1: History (to be completed by student and parents/guardian)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Sport(s): RUGBY  
 Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm #: \_\_\_\_\_ Wk #: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_  
 Insurance Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Health History MUST BE COMPLETED PRIOR TO THE EXAM**

Has this student had any history of:		Date of last known Tetanus shot:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hospitalization?		<input type="checkbox"/> Skin problems?
<input type="checkbox"/> Surgery other than removal of tonsils?		<input type="checkbox"/> Head injury?
<input type="checkbox"/> Missing organs (eye, kidney, testicle)?		<input type="checkbox"/> Neck or back injury?
<input type="checkbox"/> Allergies (medicines, insects, food)?		<input type="checkbox"/> Chest injury?
<input type="checkbox"/> Chest pain or severe shortness of breath?		<input type="checkbox"/> Shoulder/upper arm injury?
<input type="checkbox"/> Problems w/blood pressure or heart (heart murmur)?		<input type="checkbox"/> Elbow/forearm injury?
<input type="checkbox"/> Dizziness or fainting with exercise?		<input type="checkbox"/> Hand, wrist or finger injury?
<input type="checkbox"/> Severe or frequent headaches?		<input type="checkbox"/> Hip/thigh injury?
<input type="checkbox"/> Concussion or loss of consciousness?		<input type="checkbox"/> Knee injury?
<input type="checkbox"/> Heat exhaustion, heat stroke or other problems with heat?		<input type="checkbox"/> Shin/calf injury?
<input type="checkbox"/> Mononucleosis, hepatitis, hemophilia?		<input type="checkbox"/> Ankle/foot injury?
<input type="checkbox"/> Diabetes?		<input type="checkbox"/> Has any family member
<input type="checkbox"/> Seizures/convulsions?		or relative died of heart problems or of sudden
<input type="checkbox"/> Dislocation of a joint?		death before age 50?
<input type="checkbox"/> Catching or clicking of a joint?		
<input type="checkbox"/> Broken bones/fractures?		
<input type="checkbox"/> Stingers/burners or pinched nerves?		
<input type="checkbox"/> Ulcers or hernias?		

Use this space to explain any "Yes" answers to the above questions and to list any other pertinent information:

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**Part 2: Parent's or Guardian's Permission to Play, Authorization for Treatment, Release and Indemnity:**

I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above-named student should not participate and represent his or her school in supervised athletic activities. I am aware that with the participation in sports comes the risk of injury and that the degree of danger and the seriousness of the risk vary significantly from one sport to another. I am aware that Valley Christian Schools, its employees and volunteers are in no way responsible for any injuries that my child/ward might incur as a result of such participation and agree to release Valley Christian Schools, its employees and volunteers from any legal liability and agree not to sue for any and all injuries. I will indemnify, defend and hold harmless Valley Christian Schools, its officers, directors, employees and agents from and against any and all claims, expenses, including attorney's fees, losses, suits or judgments arising from or in connection with or relating to my child/ward's participation in athletics. In the event of an emergency, if I cannot be reached, I also give consent for the coach, athletic trainer, or school authorities to obtain medical care, including ambulance, as is reasonably necessary for the welfare of the student. With this knowledge in mind, I grant permission for my child/ward to participate in athletics.

PRINT Name of Parent/Guardian	Signature of Parent/Guardian	Date
Home Phone	Work Phone	Cell/Pager

