

Athlete's Health Records

Preparticipation Physical Exam

The Memphis Interscholastic Athletic Association requires every student-athlete to receive a preparticipation physical exam, including a general exam and an orthopedic exam, before being allowed to participate in the Memphis City Schools athletic program. The general exam should include checks on height, weight, blood pressure, pulse, respiration, eye, ear, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion, and re-examination of past bone and joint injuries.

After completing a preactivity physical evaluation on _____

my recommendations are as follows:

Athletic participation approved:

☐ Yes

☐ No

☐ Restricted

Limitations and Special Instructions to the Coach: _____

Physician's Name _____

Print or Type

Date _____

Address _____

Phone _____

Physician's Signature _____

No Stamps, Please!

Emergency Information

Student's Name _____ Grade _____ Date of Birth _____

Home Address _____

Phone _____ Social Security # _____

Parent or Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

Emergency Contact's Name _____ Home Phone _____

Address _____ Work Phone _____

Relationship to Athlete _____

Insurance Company _____ Policy # _____

Physician's Name _____ Phone _____

Do you have Sickle Cell Trait: ☐ Yes ☐ No ☐ I Don't Know

Are you allergic to any drugs? _____ If so, what? _____

Do you have any allergies? (i.e. bee sting, dust) _____

Do you suffer from: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Heart Condition(s)

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____ Other: _____

Informed Consent and Acknowledgment of Risks

I hereby give my permission for _____ to participate in

Name of Student-athlete

_____ during the athletic season beginning in _____

Month/Year

_____ Further, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in _____ is a potentially hazardous activity. I

Sport

assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Signature _____

Date _____

Student's Signature _____

Date _____