P.E. and Sports Participation Physical Form (6th through 8th grade)

Student (Last,	First):	Grade:	

Date of Birth: _____

Has this student had any injury or physical condition that should be watched? Yes ____ No ____ If yes, please list on back of page.

DOCTOR TO COMPLETE: I hereby certify that the above student is physically fit to engage in Physical Education & Sports.

Physician's signature

<u>Permission to Travel by Bus or Private Vehicle</u>

I give permission for my son/daughter ______ to travel by school bus or private insured vehicle to Middle School Sports and AWAY sports activities during the 2009-2010 school year.

Parent/Guardian (circle one)

Phone (daytime)

Emergency Contact Name

Emergency Phone

(Please complete both sides of form)

Phone #

Date

Date

Cell Phone

Authorization to Consent to Treatment of Minor:

I (We) the undersigned, parents(s) of ______ a minor, do hereby authorize the Grace Lutheran School coaching staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general Medicine Practice Act, whether such diagnosis or treatment is rendered at the offices of said physician or at said hospital.

This authorization shall remain effective unless sooner revoked in writing delivered to said agents(s).

Father/Mother (circle one)

Legal Guardian

Date

Date

Health Insurance

Insurance Company Name

Policy Number

Claims Address & Phone #

Group Number