

GERMANTOWN ELEMENTARY SCHOOL DISTRICT #60

SCHOOL ATHLETIC HEALTH FORM

Name of student _____

Address: _____

1. General Physical Condition: _____ 2. Hernia: _____

3. Nose & Throat: _____ 4. Heart: _____

5. Respiratory System: _____ 6. Blood Pressure: _____

7. Any defects which, if child engaged in strenuous athletics, would cause damage to the child?

8. Any other condition that might be a reason to exclude a child from athletics?

9. Is the child taking medications? _____

If so, please list: _____

Date of Exam: _____ Signed: _____ M.D.

_____, IL

I hereby give permission for the above mentioned child to participate in athletics. I verify that he/she has adequate accident and health insurance coverage.

Parent/Guardian Signature: _____

Date: _____

**Every student engaging in a sport must present a completed athletic physical form to his/her coach on or before their first practice. The form must be completed and signed by a qualified physician and the parents/guardians.