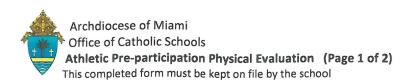


Student Name:	
School: St. Jerome Catholic School	
Sports in which the student plans to participate:	
operite in milen the etadent plane to participate	

- A. I/we hereby give consent for our child/ward to participate in the interscholastic sports listed above.
- B. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the school against which it competes, the contest officials and coaches, and the Archdiocese of Miami including all of its affiliated entities and agents of any and all legal responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and coaches and the Archdiocese of Miami because of any claim, costs, or cause of action arising in any way from the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

## C. Insurance Information

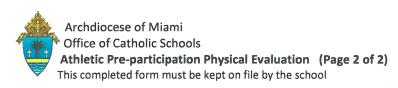
My/our child is covered under our family health insurance plan which has limits of not less than \$25,000					
Company	Policy Number:				
I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE:					
Date:	Signature of Parent/Guardian:				
Data	Signature of Daront/Cuardian				



Signature of Parent/Guardian\_

Pa	art 1. Student Information (to be completed by the pare	ent).							
St	udent Name:				Sex:	Age	Date of Birth/		_/
School: Grade in School Sport(s) expected to play									
Home Address: Home Phone ( )									
Na	ame of Parent/Guardian:								
Pe	erson to Contact in Case of Emergency:								
Re	elationship to Student:	Home Pho	one: (	)		Work	Phone: ( )		
Personal/Family Physician: City/State: Office Phone: ( )  Part 2. Medical History (to be completed by parent). Explain "yes" answers below. Circle questions for which you do not know the answer									
	Part 2. Medical history (to be completed by parent). Explain yes answers below. Circle questions for which you do not know the answer  Yes No  Yes No								
1.	Has child had a medical illness or injury since the last check up or sports physical?			26.	Has child ever be	come ill from exercisi	ng in the heat?		
2,	Does child have an ongoing chronic illness?			27.	7. Does child cough, wheeze or have trouble breathing during or after activity?				
3.	Has child ever been hospitalized overnight?			28.	B. Does child have asthma?				
4.	Has child ever had surgery?			29.	. Does child have seasonal allergies that require medical treatment?				-
5.	Is child currently taking any prescription or nonprescription (over the counter) medications or pill or using an inhaler?			30.	devices that aren't usually used for your sport or position (for example,				-
6.	Has child ever taken any supplements or vitamins to help gain or lose weight or improve performance?			24	knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing ald)?				
7.	Does child have any allergies (for example to pollen, medicine, food or stinging insects)?					problems with his/he			-
8.	Has child ever had rash or hives develop during or after exercise?				Has child ever had a sprain, strain, or swelling after injury?				
	Has child ever passed out during or after exercise?				. Has child broken or fractured any bones or dislocated any joints?				
10.	Has child ever been dizzy during or after exercise?			35.	. Has child had any other problems with pain or swelling in muscles,				
11.	Has child ever had chest pain during or after exercise?				tendons, bones, or joints?				
12.	Does child get tired more quickly than friends during exercise?				If yes, check appropriate blank and explain below:				
13.	Has child ever had racing of the heart of skipped heartbeats?				Head	Elbow	Нір		
14.	Has child had high blood pressure or high cholesterol?				Neck	Forearm	Thigh		
15.	Has child ever been told he/she has a heart murmur?				Back	Wrist	Knee		
16.	Has any family member or relative died of heart problems or sudden death before age 50?				Chest	Hand Finger	Shin/Calf		
17.	Has child had severe viral infection (for example, myocarditis or		-		Upper Arm	Foot			
18	mononucleosis) within the last month?  Has a physician ever denied or restricted child's participation in sports			36.	6. Does child want to weigh more or less than child weighs now?				
	for any heart problems?			37.	7. Does child lose weight regularly to meet weight requirements for a				
19.	Does child have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	-		38.	3. Does child feel stressed out?				
20.	Has child ever had a head injury or concussion?			39.	Record the dates	of his/most recent im	munizations (shots) for:		
21.	Has child ever been knocked out, become unconscious, or lost his/her memory?				Tetanus		es:		
22.	Has child ever had a seizure?				Hepatitus B	Chick	enpox:		
23.	Does child have frequent or severe headaches?								
24.	Has child ever had numbness or tingling in his/her arms, hands, legs, or feet?								
25.	Has child ever had a stinger, burner, or pinched nerve?								
хр	lain "Yes" answers here:								
he	reby state, to the best of my knowledge, that my answers to the above q	uestions ar	e comple	ete and co	prrect.				

Date:\_



Part 3. Physical Examination (to be completed by physician).								
Student Name:				Date of Bir	th/_			
Height: Weight: _	% Body Fat (	optional):	Pulse:	Blood Pressure:/(		)		
Visual Acuity: Right 20/ Lef	ft 20/ Corrected:	Yes No	Pupils: Equal	Unequal				
FINDINGS	NORMAL	ABNORM	AL FINDINGS		INITIALS*			
MEDICAL								
1. Appearance	-					all that who have man many time with their transport man have		
2. Eyes/Ears/Nose/Throat						langs from how more more more more more from their tends room may be also been		
3. Lymph Nodes						ands allow allow case while with color color color color data allow data along party.		
4. Heart		~			-			
5. Pulses								
6. Lungs								
7. Abdomen								
8. Skin	and the start and and and the start and the start and							
MUSCULOSKELETAL					_			
9. Neck								
10. Back								
11. Shoulder/Arm				or the time desirable also have seen started and seen seen seen seen seen seen seen se		and also party tring any conductive difficulties then with your yorks and come area.		
12. Elbow/Forearm								
13. Wrist/Hand						ties and alle alle and and alle also take and alle and a law fair fair and any and		
14. Hip/Thigh						DON NAME WITH WHICH AND		
15. Knee								
16. Leg/Ankle								
17. Foot						and their sites with made increased filter area time man represent man		
* - Station-based examination only	,							
ASSESSMENT OF EXAMINING F								
Cleared without limitation								
Not cleared for				Reas	son			
Cleared after completing ev								
				: 45		age foreign who will take seed made that who had seed take the seed take seed who seed you down not seed		
						nga Againga gani antariba. San pilat ing gan mar san san bintario pas mar san san san salampar ana anaram pan		
Recommendations:								
Name of Physician (print or type):_					Date:			
Address:								
Signature of Physician:						, MD, DO, DC, ARNP		
ASSESSMENT OF PHYSICIAN T								
hereby certify that the examinatio	n(s) for which referred wa	s/were performed	by myself or an individ	lual under my direct supervision	with the following conc	lusion(s)		
Cleared without limitation								
Not cleared for				Reas				
Cleared after completing eva	aluation/rehabilitation for:							
Referred to				For_				
Recommendations:		~~~~~~~~~~~						
lame of Physician (print or type):_					Date:			
Address:								
ignature of Physician:	G-1							

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.