

PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION

I, _____ (doctor – please print), hereby certify that I have examined
_____ (student) and found that he/she is physically fit to engage in high school sports (except
as listed on back).

Student's birth date: _____ Date: _____ (form good for 12 month period)

Physician's Signature: _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONGTERM CATASTROPHIC INJURY. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this permission form, we acknowledge that we have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____ (student) to compete in athletics for James Madison Preparatory School approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility.

Parent or Guardian Signature: _____ Date: _____

I read, understand, and agree to the general guidelines for eligibility.

Student Signature: _____ Date: _____

No student shall represent his/her school in interscholastic athletics until there is on file with the Athletic Director a statement signed by his/her parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, or nurse practitioner, he/she is physically fit to participate in high school athletics, and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician's assistant, or a nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a physician.

