

SPORTS MEDICAL FORM

PHYSICIAN'S CERTIFICATE

I hereby certify that (name) _____ has been examined by me and found physically fit to engage in all school athletics.

Remarks:

Date _____ Physician's Signature _____

EMERGENCY TREATMENT

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

Child's Name: _____ Sex: M ___/ F___ Grade: _____

Age: _____ Date of Birth: _____/_____/_____ Social Security # _____

Parent's Name _____

Home Address _____ Phone _____

Father's Work Address _____

Work Number _____ Cell Number _____

Emergency Contact Person _____ Relationship _____

Phone Number _____ Cell Number _____

Insurance Name _____

Policy and Group Numbers _____

Allergies: _____

Consent for Treatment –

Parent's Signature _____ Date _____

Student's Signature (if over age 18) _____

CONSENT FOR PARTICIPATION IN SPORTS:

I hereby give my consent for (student's name) _____ to represent Immanuel Lutheran School in the sport of _____.

Parent's Signature _____ Date _____