

**FORMS MUST BE DATED BETWEEN JUNE 1, 2009 AND AUGUST 24, 2009**

**St. Charles Borromeo School Athletics/Consent/Physical Examination Form**

**Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**A. NOTE TO PARENTS/GUARDIANS OF STUDENTS PARTICIPATION IN SCHOOL ATHLETICS:**

The Albuquerque Parochial & Independent Athletic League (A.P.I.A.L.) wishes to provide the best possible athletic program for its member schools. We want athletic participation to be valuable educational experience. You are requested to read the following carefully & thoroughly. This form is to be signed and filed with your child's school athletic office before your child will be able to tryout, practice and /or compete. We expect he/she to represent his/her school in such a way that parents, the school, and the community can be proud.

1. PARENTAL CONSENT – We want to be sure you consent to your child's participation in athletics; therefore, it is necessary that you and your child complete forms completely.
2. PHYSICAL EXAMINATION – We require a physical examination to insure that your child is physically able to participate in athletics. **\*\*\*COMPLETED CONSENT FORM, INCLUDING PHYSICAL EXAM FORM IS DUE NO LATER THAN 3:00 P.M. Monday, AUGUST 24, 2009. (Physical Examination forms must be dated between (June 1, 2009 and August 24, 2009)**
3. FAMILY PHYSICIAN – We must know the name of your family physician. If your child is injured in athletics, an attempt will be made to have treatment administered by the physician you have named. If he/she is not immediately available, authorized procedures for obtaining emergency medical treatment will be followed. You may ask assistance of the Bernalillo County Medical Association in helping you select a family physician.

**Name of Family Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

4. ACCIDENT INSURANCE – Some form of Medical Insurance is required by each student participating in athletics. All medical expenses related to accidents/injury occurring in practices, game or any other event at St. Charles or somewhere else are the responsibility of the parents.
5. ELIGIBILITY - Rules governing eligibility are determined by the A.P.I.A.L.

I have read, understand and agree to comply with the above A.P.I.A.L. requirements.

Parent /Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

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**St. Charles Borromeo School Athletics**

**B. Medical Examination Report ( To Be completed by Health Care Provider Only)**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_ / \_\_\_\_ Pulse \_\_\_\_\_

|                        | <b>WNL</b> | <b>Abnormal</b> | <b>Comments</b> |
|------------------------|------------|-----------------|-----------------|
| <b>Respiratory</b>     | _____      | _____           | _____           |
| <b>Cardiovascular</b>  | _____      | _____           | _____           |
| <b>Abdomen</b>         | _____      | _____           | _____           |
| <b>Hernia</b>          | _____      | _____           | _____           |
| <b>Genitalia</b>       | _____      | _____           | _____           |
| <b>Musculoskeletal</b> | _____      | _____           | _____           |
| <b>Neurological</b>    | _____      | _____           | _____           |
| <b>Deformities</b>     | _____      | _____           | _____           |
| <b>Surgical Scars</b>  | _____      | _____           | _____           |
| <b>Skin</b>            | _____      | _____           | _____           |
| <b>Urinalysis</b>      | _____      | _____           | _____           |

I certify that I have on this date reviewed the above medical history and examined this individual and find him/her physically able to compete in supervised activities checked in Section A.

Date of Examination: \_\_\_\_\_

Signature of Examining Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Office phone# \_\_\_\_\_

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