Sports Consent Form (Grades 5-8)
2009-2010

Have Doctor complete – return to school office

Epiphany Lutheran School ◆ 8101 Senate, Houston, TX 77040
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For the health and safety of the child, this medical examination and consent form **MUST** be completed and filed with the school office **BEFORE** a student may take part in interscholastic athletics, **TRYOUTS** or any **PRACTICES.**
(Valid ONE year from date signed.)

Student Name _____ **D.O.B.** _____ **Grade** _____

MEDICAL EXAMINATION

Height _____ Weight _____ Body Type (Maturation status) _____ Hearing – Left Ear # _____ Right Ear # _____

Sight: Left Eye _____ Right Eye_____ Ear/Nose/Throat _____ Heart _____ Blood Pressure _____ Lungs _____

Joint Function: Shoulders _____ Elbows _____ Hips _____ Knees _____ Feet _____

Wrist _____ Ankles _____ Hands _____ **Dental** (Cavities/Prosthetics) _____

Skin (Fungus? Staph?) _____ Neuro-Muscular _____

Genito-Urinary _____ Hernia _____

Previous History: Check & Explain:

- ☐ Allergies
- ☐ Head Injury
- ☐ Diabetes
- ☐ Bone or Joint Disease and/or injury
- ☐ Heart Disease
- ☐ Renal Disease and/or injury
- ☐ Emotional Disturbances
- ☐ Epilepsy
- ☐ Hypertension
- ☐ Unconsciousness

Explanation: _____

Is Student taking any medication routinely? ____No ____Yes Explain: _____

TB Test _____ Result _____
All 6th Grade Students *(State Requirement)* – Scoliosis Screening _____ Result _____
Last MMR _____ Last Tetanus Immunization _____

I certify that on this date I have examined the above student as indicated by items checked and recommend him/her as being physically able to participate in the supervised athletic activities listed below: (Please **circle** those activities that the student may **NOT** participate in).

Basketball Volleyball Running/Track Baseball/Softball Soccer Cheerleading

_____ _____
Date **Signature of Examining Physician**

I hereby give my consent for the above student to compete in Interscholastic League approved sports, and go with the coach or other representative of the school on any trips. The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. It is understood that neither the Houston Lutheran Athletic Conference nor Epiphany Lutheran School assumes any responsibility in case an accident occurs. ***The undersigned agrees to be financially responsible for the safe and prompt return of all athletic uniforms and equipment issued to the above named student.***

_____ _____
Date **Signature of Parent or Guardian**

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