

CHSD #230 Athletic Handbook
2011 - 2012

Certificate of Physical Fitness for Participation in Athletics

After completion by parent/guardian, please return to your coach.

Student:

Sport/Activity:	Date of Birth:
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As the parent(s)/guardian(s) of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above-mentioned sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition.

Parent/Guardian <i>(please print)</i> :

Home Address:

Home Phone:	Business Phone:	Cell Phone:
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Physician:	Phone:
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Student's Medical History:	Heart Condition	Yes	No	
	Allergies	Yes	No	
	Diabetes	Yes	No	
	Epilepsy	Yes	No	
	Asthma	Yes	No	
	Other:	_____		

Any injuries and/or surgical procedures during the past year? *(include dates)* _____

Has the student's physical activity been restricted during the past year? *(include reason and duration)* _____

Is the student currently taking any medication? Yes No

If Yes, please provide name of medication frequency, dosage, and reason for taking: __

Parent/Guardian Signature: _____	Date: _____
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August 2003

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Authorization for Medical Treatment Form

After completion by parent/guardian, please return to your coach

Student:	
Sport/Activity:	Date of Birth:
Home Address:	
Home Phone:	

To whom it may concern: In the event reasonable attempts to contact me at the locations listed below are unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

This release form is completed and signed with the purpose of authorizing medical treatment under emergency circumstances in my absence. *(please print)*

Name and relation to student:	
Address:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:

Emergency contact:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:

Physician:	Phone:
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Allergies, Medicines, or Other Conditions: <i>(please list)</i>

Parent/Guardian Signature: _____ **Date:** _____