

PHYSICAL EXAMINATION CARD FOR INTERSCHOLASTIC ATHLETICS
Student Information and Permission (To be filled out by Parent or Guardian)

Print Name of Student _____ Grade _____ Date of Birth _____

Signature of Parent/Guardian _____ Telephone _____

Physical Examination/Clearance (To be completed by Physician)				
Height _____	Weight _____	BP _____	HR _____	UA _____
Eyes/Vision _____	GI/GU _____			
Ears _____	Allergies _____			
Nose _____	Skin _____			
Teeth _____	Musculoskeletal _____			
Heart _____	Lungs _____	Neurological _____		
Date of last tetanus shot _____		Medications _____		
Do you know any reason why this child should not participate in athletic programs in the Bainbridge Island School District? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)				
_____ Physicians Signature			_____ Date of Examination	
_____ Name of Physician			_____ Telephone	

Physical must not expire before the end of the season athlete is participating in 4/15/10

-VERIFICATION OF INSURANCE COVERAGE-

I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. The name of the company providing insurance for

(Student's Name)

is _____
(Insurance Companies Name)

I accept full responsibility for the cost of treatment for an injury which my child may suffer while taking part in the program. However, this does not waive my rights or the rights of my child as respects bringing any legal action against the district.

(Parent/Guardian Signature)