

WMA Athletics Physical Form

Please complete one form per child.

Student's Name _____ Birth Date _____ Grade _____ Sex _____
Last Name First Name

Home Address _____ Telephone _____

E-mail Address _____

Mother's Name _____ Business/Daytime Number _____
Mother's Cell _____

Father's Name _____ Business/Daytime Telephone _____
Father's Cell _____

Health History (Give dates, if known.)

Allergy _____ Diabetes _____

Asthma _____ Heart Disease _____

Convulsion Disorder _____

Report of Examination (Elaborate below on positive findings.)

Exam Date _____ HT _____ WT _____ BP _____ P _____

	Normal	Abnormal		Normal	Abnormal
General Nutrition	_____	_____	Neuro Muscular System	_____	_____
Skin	_____	_____	Glands	_____	_____
Eyes	_____	_____	Heart	_____	_____
Ears	_____	_____	Lungs	_____	_____
Nose and Throat	_____	_____	Abdomen	_____	_____
Teeth	_____	_____	Genitalia (male)	_____	_____
Vision R:20/ L:20/ _____ plus lens			Wears Corrective Lens	_____	_____

Normal Abnormal

Emotional Status _____ _____
Skeleton _____ _____
Posture _____ _____
Hearing _____ _____
Scoliosis (Bend Post) _____ _____
Speech _____ _____

Should this child have restrictions on play or physical education activities? Yes No

Please indicate any long term medication being given and state reason:

I certify that I have, on this date, examined this student and that on the basis of this examination and the student's medical history as furnished to me, I found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

Physician's Signature: _____ Date: _____

Please print physician's name and address:

Liability/Medical/Emergency Form

I, _____, give permission for first-aid treatment for my child if needed.
I understand that in the case of any emergencies, the chaperones will make every attempt to contact me before making a decision concerning medical treatment. If the chaperones are unable to reach me or anyone else designated by me, I give them permission to make any necessary decisions in my absence.
I realize that I am assuming full responsibility for my child's participation in after school sports at Waldron Mercy Academy.

Emergency Contacts Other Than Parents:

Name _____

Relationship _____

Phone _____

Cell Phone _____

Name _____

Relationship _____

Phone _____

Cell Phone _____