

LYNN PUBLIC SCHOOLS
ATHLETIC DEPARTMENT
SCHOOL _____

NAME _____
LAST FIRST MI
SPORT(S) _____

THIS FORM WILL BE ON FILE IN THE ATHLETIC DIRECTOR'S OFFICE

PART A: ATHLETE'S AND PARENT'S SIGNATURES
NOTICE OF ATHLETIC INJURY RISK

Even when all reasonable precautions are taken, students can, and indeed may, be injured. Risks include, but are not limited to, death, serious neck and spinal injury, and serious impairment to other aspects of the body, general health, or well-being. All students participate in athletics voluntarily with the permission of their parents. Along with this participation, the students and their parents accept the inherent risks to which the students expose themselves.

I have read the above Notice of Athletic Injury Risk and the student information sheet on rules and regulations pertaining to athletics in the Lynn Public Schools. I agree to adhere to them while a member of any athletic team of the Lynn Public Schools.

Athlete's Signature

I have read the above Notice of Athletic Injury Risk and the student information sheet on rules and regulations. I give my son/daughter/ward permission to participate in school athletic activities and to have a physical examination every thirteen months by the school physician or our family doctor. I authorize the athletic director and/or coach and/or trainer to act for me according to their best judgment in any emergency requiring medical attention when unable to reach me. I am aware that athletic insurance is provided for athletes to cover costs after my own insurance has paid.

Parent's Signature

PART B: TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name

Address

Phone

Date of Birth

Physician's Name

Physician's Phone

1. Date of last physical exam _____
2. Does/Has your child have/had a disease that affects the function of the eye, ear, testicle, kidney, or lung? _____
If yes, please explain _____
3. List any operations, fractures, sprains, or bone dislocations, with age at that time.

(continued on other side)

4. Has your child ever had any of the following? Circle Y for yes and N for no.

Asthma and/or Allergies	Y N	Mononucleosis	Y N
Fainting and/or convulsions	Y N	Pneumonia	Y N
Heart murmur/Heart Condition	Y N	Hepatitis	Y N
Rheumatic Fever	Y N	Bronchitis	Y N
Kidney disease or injury	Y N	Head Injury	Y N
Heat Stroke/Heat Exhaustion	Y N	Concussion	Y N
Diabetes	Y N	Seizures	Y N
Blood Disorders	Y N	Any other illness or injury	Y N

Please explain any YES answers to the above questions:

5. Does your child take any medications? If so, what?
6. Does your child wear contact lenses?
7. Has your child had a tetanus booster within the last ten years? Date _____
8. Do you know of any reason for your child not to participate in any sports? _____
If yes, please explain:

PART C: TO BE COMPLETED AT THE PHYSICAL EXAMINATION

- | | | |
|--------------------------------------|-------------------|-------------------|
| 1. Height | 2. Weight | 3. Blood Pressure |
| 4. Flexibility | 5. Eyes | 6. Ears |
| 7. Respiratory | 8. Cardiovascular | 9. Hernia |
| Completed immunizations: Polio _____ | Tetanus _____ | |
| Date | Date | |

Comments:

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

Physician's Signature

Date of Examination