

**CALVARY EPISCOPAL SCHOOL, INC.**  
**MEDICAL CERTIFICATE AND PARENT'S PERMIT FOR ATHLETICS**  
**For Both Boys and Girls**

**Return to School Office**

**2009-2010 School Year**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Date Year

**MEDICAL REPORT**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body Type (Maturation Status) \_\_\_\_\_

Eye, ear, nose, throat \_\_\_\_\_ Hearing \_\_\_\_\_

Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Lungs \_\_\_\_\_

JointFunction: Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_ Hips \_\_\_\_\_ Knees \_\_\_\_\_

Wrists \_\_\_\_\_ Ankles \_\_\_\_\_ Feet \_\_\_\_\_ Hands \_\_\_\_\_

Dental (Cavities, bridges, false teeth) (Circle Defects) Other \_\_\_\_\_

Skin (Fungus? Staph?) \_\_\_\_\_ Neuromuscular \_\_\_\_\_

Genito-Urinary \_\_\_\_\_ Hernia \_\_\_\_\_

Urine Test: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Circle positive points and explain. Previous history of allergy – Asthma - Head Injury - Unconsciousness - Tetanus Immunization - Bone or Joint Disease and/or injury - Heart Disease - Hypertension - Renal Disease and/or injury - Diabetes - Emotional Disturbance - Epilepsy.

Explanation \_\_\_\_\_

Is student taking any medication routinely? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

I certify on this date I have examined the above student as indicated by items checked and recommended him/her as being physically able to participate in the supervised athletic activities that are **NOT** circled below.

Cheerleading    Basketball    Track/Field    Volleyball    Golf    Tennis

Date: \_\_\_\_\_  
Signature of Examining Doctor

**PARENT OR GUARDIAN'S PERMIT**

I hereby give my consent for the above student to participate in approved extra-curricular sports, and go with the coach or other representatives 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 the school assumes no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

Date: \_\_\_\_\_ X \_\_\_\_\_  
Signature of Parent or Guardian

Calvary Episcopal School requires a medical certificate and parent's permit to be completed and filed with the school before a student may take part in any school athletics.

Parent/Guardian must sign the waiver below releasing Calvary Episcopal School of the responsibility for any bodily injury while participating in the athletic program.

It is understood that I/We, the parent/guardian, will be totally responsible for bodily injuries sustained by my child while training for or engaging in such competition. This School does not assume any legal liability for any injury, which may result from this student's participation in the athletic program.

Date: \_\_\_\_\_ X \_\_\_\_\_  
Signature of Parent or Guardian