

Athlete's Health Records

Preparticipation Physical Exam

The Memphis Interscholastic Athletic Association requires every student-athlete to receive a preparticipation physical exam, including a general exam and an orthopedic exam, before being allowed to participate in the Memphis City Schools athletic program. The general exam should include checks on height, weight, blood pressure, pulse, respiration, eye, ear, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion, and re-examination of past bone and joint injuries.

After completing a preactivity physical evaluation on _____

my recommendations are as follows: **Athletic participation approved:** Yes No Restricted

Limitations and Special Instructions to the Coach: _____

Physician's Name _____ <small>Print or Type</small>	Date _____
Address _____	Phone _____
Physician's Signature _____ <small>No Stamps, Please!</small>	

Emergency Information

Student's Name _____ Grade _____ Date of Birth _____

Home Address _____

Phone _____ Social Security # _____

Parent or Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

Emergency Contact's Name _____ Home Phone _____

Address _____ Work Phone _____

Relationship to Athlete _____

Insurance Company _____ Policy # _____

Physician's Name _____ Phone _____

Are you allergic to any drugs? _____ If so, what? _____

Do you have any allergies? (i.e. bee sting, dust) _____

Do you suffer from: Asthma Diabetes Epilepsy Heart Condition(s) Sickle Cell Trait

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____ Other: _____

Informed Consent and Acknowledgment of Risks

I hereby give my permission for _____ to participate in

_____ during the athletic season beginning in _____ Further, I authorize the

school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in _____ is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Signature _____	Date _____
Student's Signature _____	Date _____