



**AFTER SCHOOL ATHLETIC PHYSICAL and CONSENT FORM  
GRADES 1 -8**

**This form must be completed in order to participate in afterschool athletics.**

A physical exam is mandatory for any student who will participate in any athletic activity. This form must be signed by the physician, parent/guardian, and student and returned to the school before the athlete participates in any athletics. Physicals must be done and submitted to HIS between **June 1, 2020** and **the first day of school**.

Anticipated sport(s) at Henderson International: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Physical Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Glasses/Contacts:  Yes  No Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

	Normal	Abnormal Findings	Initials*
<b>Medical</b>		*station-based examination only	
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			



**CLEARANCE**

- Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Not Cleared For: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ MD / DO / NP / PA-C

**Health Practitioner Stamp Here**

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group No. \_\_\_\_\_

**PARENTAL PERMISSION/CONSENT FOR EMERGENCY CARE**

I/We give our permission for \_\_\_\_\_ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We acknowledge that I/We have read and understand this warning.

If the student/athlete named above becomes ill or is injured while participating in an interscholastic activity sponsored or sanctioned by *Valley Athletic Conference or NCSAA*, and *Henderson International School* is unable to contact the parents or emergency contacts, we grant *Henderson International School* permission and authority to obtain necessary medical care and/or treatment for the student's illness or injury. Treatment may include, but is not limited to, first aid, CPR, transportation by an ambulance, hospital care, and medical or surgical treatment recommended by a physician. I/We accept the financial responsibility for such care or treatment. It is understood that this consent and authorization hereby given and granted are continuing and are intended throughout the 2020-2021 school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_