

GRANITE SCHOOL DISTRICT AND UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION

PRE-PARTICIPATION ATHLETIC HEALTH EXAMINATION AND CONSENT FORM

It is required that all students have a health history and physical examination completed prior to inter scholastic athletic competition in the State of Utah. The exam is at the expense of the student/ parent and may not be taken prior to May 1 immediately preceding the entry into the school fall sports program.

Please print

Name _____ Date _____ School Year _____

Grade _____ Birth Date _____ School _____ City _____

<u>HAS STUDENT HAD:</u>	<u>YES</u>	<u>IS THE STUDENT CURRENTLY:</u>	<u>YES</u>
1. Previous hospitalization and/or surgery?	_____	1. Under a doctor's care for a health problem?	_____
2. Previously diagnosed chronic diseases, e.g. diabetes, kidney disease, asthma, rheumatic fever?	_____	2. Taking any medication? any prescription?	_____
3. Previous restrictions from participating in sports for any ongoing health problem?	_____	3. Known to have allergies?	_____
4. Any unconscious episode or had any type of seizure or convulsion?	_____	4. A wearer of contact lenses or glasses?	_____
5. Troubles with knees or other joints?	_____	5. Experiencing any health problems?	_____
6. Any previously diagnosed heart murmur?	_____		
7. A fainting episode during or directly following exercise?	_____		
8. A family member die suddenly of an unknown cause, or experienced a sudden cardiac death	_____		

If the answer is yes to any of the above, please explain: _____

Date of most recent tetanus immunization _____

Date of most recent complete history and physical examination _____

INSURANCE

We understand that Granite School District does not carry accident insurance for injuries received during practices or interschool competition.

We understand that it is the responsibility of the parent to provide any desired accident insurance, and that school insurance is available from the school at a reasonable cost.

Name of health insurance provider _____

EMERGENCY INFORMATION

Person to notify in emergencies _____ Phone(H) _____ (W) _____

Doctor or hospital to notify in emergencies _____ Phone _____

PHYSICAL EXAMINATION

The physical examination should incorporate an evaluation of the following areas: (1) Vision; (2) Hearing; (3) Respiratory; (4) Hernia, Genitalia; (5) Liver, Spleen, Kidneys; (6) Skin; (7) Neurological; (8) Urinalysis (protein and sugar exam required); (9) Cardiovascular; (10) Musculoskeletal; (11) Physical Status (Developmental level)

PROBLEM LIST

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Disposition: Physician to check one of the following:

- A. I certify that I have examined this patient and find him/her physically able to compete in all supervised sports.
- B. Student is not physically able to participate in interscholastic sports pending evaluation of:
Ailment _____ Specialist _____
- C. Student may participate for ensuing year in interscholastic sports but should have a yearly physical exam with special reference to _____
- D. Student may not participate in the sports circled below:
Strenuous Contact: Football Soccer Wrestling Basketball

Non-Contact: Track and Field Gymnastics Tennis Swimming Cross Country Drill Team Volleyball

Moderately Strenuous: Golf Baseball Softball Other _____
- E. Student is not permitted to participate in interscholastic sports because _____

Physician's Name and Signature _____
 Address _____
 Telephone _____

TRAVEL WAIVER AND ACKNOWLEDGEMENT OF RISKS

I hereby release the coaches, _____ School and Granite School District and all its employees from all liabilities for injuries received by athletes while enroute to and from contests and practices in district or private vehicles.

Furthermore, we (parent and athlete) fully understand that participants in all sports may suffer serious injury, including but not limited to sprains, fractures and ligament and/or cartilage damage which could result in a permanent, partial or complete impairment in the use of limbs; brain damage; paralysis or even death. With full knowledge of these risks, I choose to participate in the Granite School District athletic program, and I as his/her parent give my consent for participation, and I authorize the supervising coach to act in my behalf with his/her best judgment in case of an accident.

We understand that this form is kept on file at the high school.

Signature of Athlete _____ Date _____
 Signature of Parent or Guardian _____ Date _____
 Insurance Co. (If driving) _____ Policy Number _____