



St. Cecelia Interparochial School

STUDENT SPORTS PHYSICAL HISTORY FORM

Students Name _____ DOB _____

Address _____ Grade _____

Physician _____

Sports _____

FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW

YES NO

- 1. Has the above student ever been hospitalized?
Has the above student ever had surgery? _____
- 2. Is the above student presently taking medication? _____
- 3. Does the above student have any allergies (meds., bees)? _____
- 4. Has the above student ever passed out during exercise? _____
- 5. Has the above student ever been dizzy during exercise? _____
- 6. Has the above student ever had chest pain? _____
- 7. Does he/she tire quicker than his/her friends during exercise? _____
- 8. Has the above student ever had high blood pressure? _____
- 9. Has the above student ever been told he/she has a heart murmur? _____
- 10. Has the above student ever had a racing heart or skipped beat? _____
- 11. Has anyone in your family died of heart problems or sudden death before age 40? _____
- 12. Does the above student have any skin problems? (Itching, Moles, Breaking Out) _____
- 13. Has the above student ever had a head injury? _____
- 14. Has the above student ever been knocked out? _____
- 15. Has the above student ever had a seizure? _____
- 16. Has the above student ever had a stinger or burner? _____
- 17. Has the above student ever injured (sprained, dislocated, fractured, etc.) _____

Hand _____ Shoulder _____ Thigh _____ Wrist _____
 Neck _____ Knee _____ Forearm _____ Chest _____
 Shin/Calf _____ Elbow _____ Back _____ Ankle _____
 Arm _____ Hip _____ Foot _____

18. Has the above student ever had heat cramps? _____

19. Has the above student ever had: _____

Mononucleosis _____ Tuberculosis _____ Eye Injuries _____
 Hepatitis _____ Diabetes _____ Ulcer _____
 Asthma _____ Headaches _____

20. Does the above student use special pads or braces? _____

21. When was the above student's last tetanus shot? Month/Year: _____

Explain "YES" answers here: _____

Medical concerns/restrictions _____

Current Medications: _____

EXAMINING PHYSICIAN'S CERTIFICATE

I hereby certify that I have examined _____ on the date indicated below. Based on the past health history s/he has given me and on my physical examination, I find this athlete physically able to participate in interscholastic sports.

Any restrictions? _____

PHYSICIAN'S SIGNATURE _____ Date: _____

Elementary Schools in the Diocese of St. Petersburg

ST. CECELIA SCHOOL

ATHLETIC PARTICIPATION FORM

Date _____

Student Name: _____ Grade: _____ DOB: _____
(Name as it Appears on Birth Certificate)

Residence _____ City _____ Zip _____

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of daily school activities, athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

1) Allergies and/or special medical problems (List medication taken by student)

2) Date of last Tetanus shot _____ Hospital Preference: _____

3) Family Physician _____ Phone _____

INSURANCE: St. Cecelia School provides insurance coverage for all students while participating in interscholastic athletic teams sponsored by the school. The cost of this coverage is included in the student activity fee.

Maksin Management Co. acts as a secondary co-insurer and will only pay after they receive proof that your insurance company has settled with you.

Insurance Company Covering Student: _____

Policy # _____ Expiration Date: _____

*In the case of an injury, the student/athlete is to report that injury, no matter how slight, to his/her teacher/coach immediately. If a claim form is needed, the student/athlete or his/her parents are to request a claim form from the main office or the Athletic office. The claim form is to be completed by the parents and mailed directly to Maksin Management Co. for processing.

STUDENT PARTICIPATION PERMISSION

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, has reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

I understand a sports health screening is necessary for my child's participation in St. Cecelia Catholic School extra curricular sports program.

I hereby give my consent for the above named student to represent his/her school in athletic activities, including team travel for local or out-of-town trips, except for those activities crossed out below:

Baseball Basketball Track Cheerleading Football Golf Soccer Softball Swimming/Diving Tennis Volleyball

St. Cecelia School follows the Diocese of St. Petersburg Guidelines for elementary interscholastic athletics and any other guidelines published in the school's handbook.

STATEMENT:

I have read this form and understand the rules contained therein. The information supplied is true and correct to the best of my knowledge. I accept the responsibility to inform the school of any change of this information. I release, covenant not to sue, and save harmless St. Cecelia School as well as The Most Reverend Robert N. Lynch, Bishop of The Diocese of St. Petersburg, all clergy, employees, staff, agents, and volunteers for the event, from any and all claims and for any and all harm arising to my child as a result of participation in these athletic events.

Student Signature _____

Parent/Guardian Signature _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact (Name) _____

Phone(s) _____