COMMUNITY CHRISTIAN SCHOOL

Health Examination Form

This form must be completed and submitted to the office before the season's first practice. Please print legibly.

TO BE COMPLETE BY PARENT OR LEGAL GUARDIAN

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE _____

STREET ADDRESS _____ CITY/STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ GRADE _____ HEIGHT _____ WEIGHT _____

Please check yes or no for each of the following items if the student

Y	N		Y	N	
◯	◯	has a family history of heart failure.	◯	◯	has had seizure(s) or convulsion(s).
◯	◯	is currently on medication.	◯	◯	has had a fracture or disabling injury.
◯	◯	is currently being treated for a condition.	◯	◯	has passed out or been knocked unconscious.
◯	◯	has allergies of any kind.			Please explain any "yes" answers. _____
◯	◯	has been admitted to a hospital.			_____
◯	◯	has checked into the E.R.			_____
◯	◯	has needed x-rays.			_____
◯	◯	has required surgery.			_____
◯	◯	has a permanent disability.			_____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

TO BE COMPLETED BY A FLORIDA STATE LICENSED MEDICAL DOCTOR

◯ ***Eyes*** ***Right 20/____ Left 20/____***

◯ ***Hearing*** ***Right 15/____ Left 15/____***

◯ ***Respiratory***

◯ ***Cardiovascular***

◯ ***Liver***

◯ ***Spleen***

◯ ***Hernia***

◯ ***Skin***

◯ ***Genitalia***

◯ ***Musculosketal***

◯ ***Neurological***

Completed immunization dates:

Polio _____

MMR _____

Tetanus _____

Please stamp physican's name, address and telephone number here.

I certify that I have examined this student on this date and found him physically able to compete in a rigourous school sports program. I have listed any exceptions to these findings _____

SIGNATURE OF PHYSICIAN _____ DATE _____

Community Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions, athletic, and other school-administered programs.

CONSENT FOR PARTICIPATION, EMERGENCY CARE, AND FINANCIAL RESPONSIBILITY

I, the undersigned parent or legal guardian of the applicant for interscholastic athletic participation, give permission for the named student to practice, compete in, and represent the school in the competitive athletic program except those activities indicated on the reverse side of this document. I agree to be financially responsible for the safe return of all athletic equipment and uniforms issued. I also do hereby grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an athletic activity conducted by Community Christian School. I or anyone representing me shall not hold Community Christian School or its employees liable for personal injury occurring as a result of regular and reasonable participation in an athletic activity. The applicant has permission to ride in transportation provided by Community Christian School for all athletic activities. I understand that as a parent or legal guardian, I accept full responsibility of payment for medical or emergency treatment.

Guardian's name _____
LAST FIRST MIDDLE

◯ ***Father*** ◯ ***Mother*** ◯ ***Step-parent*** ◯ ***Other*** ◯ ***Legal custodian of this child***

Home phone _(____)_____ ***Cell*** _(____)_____ ***Email*** _____

Occupation _____ ***Employer*** _____ ***Work phone*** _(____)_____

Guardian's name _____
LAST FIRST MIDDLE

◯ ***Father*** ◯ ***Mother*** ◯ ***Step-parent*** ◯ ***Other*** ◯ ***Legal custodian of this child***

Home phone _(____)_____ ***Cell*** _(____)_____ ***Email*** _____

Occupation _____ ***Employer*** _____ ***Work phone*** _(____)_____

Insurance carrier _____ ***Policy number*** _____

Family physician _____ ***Family dentist*** _____

_____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN DATE

_____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN DATE

COMMUNITY CHRISTIAN SCHOOL

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