



St. John Lutheran School
Port Hope, Michigan

Student Physical and Parent Consent Form

This physical, current if given on or after April 15 of prior school year, is valid for one year.
Signatures required on front and back of form.

Student's legal name _____ Gender ____ Age ____ Grade (circle) 3 4 5 6 7 8

Date of birth ____/____/____ Place of birth (city,state) _____

Home Address _____
Address City State Zip

Father/Guardian _____ Home phone _____ Work phone _____

Mother/Guardian _____ Home phone _____ Work phone _____

Family Doctor _____ Phone _____ Address _____

Insurance Company _____ Contract # _____ Phone _____

Our son, daughter will comply with the specific insurance regulations of the school district.

Signature _____ Date _____

Health Information/History								
Have you ever had?	Yes	No	Have you ever had?	Yes	No	Do you now have?	Yes	No
Fainting			Heart Disease			Convulsions		
Diphtheria			Kidney Disease			Blackouts		
Scarlet Fever			Tuberculosis			Painful Joints		
Rheumatism			Jaundice			Backaches		
Rupture			Sickle-Cell Anemia			Pounding of Heart		
Rheumatic Fever			Do you now have?			Shortness of Breath		
Poliomyelitis			Stomach Pains			Frequent Urination		
Pneumonia			Blurred vision			Cough		
Asthma			Headaches			Nosebleeds		
Diabetes			Fainting			Frequent Sore Throats		

Explain yes answers

Physical Examination					
SYSTEM	Normal	Abnormal	SYSTEM	Normal	Abnormal
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitals/Testicular		
Teeth-Cavities			Neurologic		
Orthopedic			Muscular		

Recommendations

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out. Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Gymnastics, Ice Hockey, Skiing, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling.

Signature of Examiner _____ Check ____ MD ____ DO ____ PA ____ NP

Printed Name of Examiner _____ Date _____

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Medical Treatment Consent

To be completed by parent or legal guardian (or student if 18-yr-old)

I, _____ (an 18-yr.old) the parent or legal guardian of _____ recognize that, as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care, as may be deemed necessary under the then-existing circumstances. If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person on account of such care and treatment of said student. I agree to assume the expenses of such care.

Signature of parent or legal guardian or 18-year-old _____ Date _____

Emergency Information

To be completed by parent or legal guardian (or student if 18-yr-old)

Student's Name _____ Grade _____

In emergency contact:

1) _____ Relationship _____ Phone #s _____

2) _____ Relationship _____ Phone #s _____

My family doctor is: _____ Phone _____

Special medical information pertaining to student (include medications and allergies) _____
