

# LCS PHYSICAL EXAMINATION and PARENTAL CONSENT FORM

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Grade/Age

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Birth date

PARENT OR GUARDIAN			PHYSICIAN				
<b>STUDENT HEALTH HISTORY</b> Parents or Guardian Please Answer Yes or No Only to the Following Questions			Vitals	Satisfactory		Exam Comments	Follow Up
	YES	NO		YES	NO		
Chronic or Recurrent Illness			HT.				
Hospitalizations			WT.				
Operations			BP				
Taking Medications			Pulse				
Organs Missing			General				
Heat Exhaustion			Head				
Dizziness, Fainting, Seizures			Eyes				
Knocked Out			Ears				
Concussion			Dental				
Glasses/Contacts			Chest				
Hearing Problems			Heart				
Allergic to Medications			Abdomen				
High Blood Pressure			Genitalia				
Hernia			Skin				
Bone, Joint, Spine Injury			Extrem., Back & Neck				
Liver, Spleen, Kidney or Skin Problem							
Explain any yes answers or any other pertinent information concerning health history:  <input type="checkbox"/> Check here if additional comments are on the reverse side.			<b>SUMMARY COMMENTS:</b>  <input type="checkbox"/> Check here if additional comments are on the reverse side.				
The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physician, coach, trainers or other personnel properly trained.			Sports Participation approved: Yes _____ No _____ Deferred _____ Limitations of Follow-up:				
Signature of Parent or Guardian/Date			Signature of Physician/Date				