

ST. FRANCIS HIGH SCHOOL
ATHLETIC EMERGENCY/MEDICAL INFORMATION & PARTICIPATION FORM

TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S) EVERY ACADEMIC YEAR, AFTER MAY 31ST

Name (Last, First) _____ Grade _____ Date _____
 Home Phone _____ Birth Date _____ Age _____
 Address _____ City/ Zip _____
 Father/Guardian Name _____ Phone Work: _____ Cell: _____
 Mother/Guardian Name _____ Phone Work: _____ Cell: _____
 Emergency Contact _____ Phone: _____
 Family Physician _____ Phone: _____
 Health Insurance Provider _____ Policy # _____
 Medical Conditions/Medications/Allergies _____

TO BE COMPLETED BY MEDICAL PERSONNEL

Height _____ (inches) Weight _____ (pounds) Pulse _____ (bpm) BP _____ / _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Skin			
Lymph Nodes			
Eyes/Ears/Nose/Throat			
Pulses			
Heart			
Lungs			
Abdomen			
Genitalia (males only)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

(To be checked and signed by MD or DO)

Cleared for participation at St. Francis High School
 Cleared after Follow up by/for: _____

Not Cleared Reason: _____

Recommendations/Restrictions: _____

The above named student is able to engage in St. Francis High School Athletics.

 (Signature of physician, MD or DO) (Date) (License #)

TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S)

We, the undersigned Parent(s) or Guardian(s) of the above named student, a minor, do hereby consent to his participation in Athletics at St. Francis High School and we also hereby authorize a representative of St. Francis High School to act as agent(s) to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by a licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the School to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provisions of Section 258 of the Civil Code of the State of California and is deemed effective unless revoked in writing.

On (date) _____ at (City) _____ California.
 The undersigned declare under penalty of that they are the parents or legal guardian of the above named student and grant the above authorization.

 Signed (Mother or female guardian) Signed (Father or male legal guardian)