This form is for SFHS summer camps ONLY. This form is not valid for tryouts/participation on SFHS athletic teams.
Not to be used by current SFHS Students or Incoming SFHS Freshmen Students

SUMMMER CAMPS

PRE-PARTICIPATION MEDICAL SCREENING & EMERGENCY INFORMATION FORM
ST. FRANCIS HIGH SCHOOL

Name (Last, First)_____ 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_____

***Evaluation by MD/DO must be completed within the past year to be valid.**

TO BE COMPLETED BY MEDICAL PERSONNEL

Height_____(inches) Weight_____(pounds) Pulse_____(bpm) BP_____/_____

The above named student was evaluated in my office on _____ (dd/mm/yyyy) and was deemed physically fit to participate in normal strenuous/athletic activity during the Summer Camps/Activities Program at St. Francis High School.

☐ Cleared for participation in the St. Francis High School Summer Camps/Activities Program.
☐ Cleared after Follow up by/for:_____
_____
☐ Not Cleared Reason:_____
Recommendations/Restrictions:_____
_____

_____ _____ _____
(Signature of 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/her participation in St. Francis High School's summer activities program. 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)

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